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AN ABSTRACT OF THE ANNUAL ADDRESS BEFORE THE MASSACHUSETTS MEDICAL SOCIETY.

BY GEORGE W. GARLAND, M. D.

"Many things remain to be done."

Mr. President, Fellows, and Gentlemen, — The research and investigations of the medical men of Massachusetts, together with the deliberations of the Massachusetts Medical Society, as reported at its anniversary meetings, have not only been of great importance to the medical profession of this country, but their character has been such that they have attracted the attention of medical men and medical societies of other lands. No State among the communities of the world should offer superior advantages for acquiring a medical education than Massachusetts, for no other State is better calculated by its geographical position and by its bracing climate for the production of a vigorous and intellectual race of men and women, and no other State has traditions that can more fully inspire to bravery and patriotism, as well as to research in art, science, and literature, than those possessed by Massachusetts.

To-day we are assembled to add another link to the bright chain which binds us to the past, and I take pleasure in stating that we look with entire confidence into the ever-turning face of the future. The leading men of the past have one by one gone to their rest, with duties done and destinies fulfilled, while others have been and are coming forward bearing the rich treasures of past experiences and discoveries, with continually increasing facilities for acquiring a knowledge of the science of medicine. We commit our trust to the willing hands of our young men, fully believing that a glorious future awaits them. With such a blaze of light as now illumines their pathway from the collateral sciences, and with an ample literature placed in their hands, what may we not expect of them!

In his excellent oration of one year ago Dr. Minot, after alluding to the activity and prosperity of this society at that time, and after speaking of the advances which have been made in medical education, especially in the last few years, said, "Much remains still to be done." This sentence was penned by one who knew whereof he wrote, and was

then, and is now, not only true as regards the Harvard Medical School and this society, but true in all departments of our profession.

Innovations and discoveries in medicine and surgery are being made from year to year, and although much has been done during the year now closing I can say, with the same force of truth, Many things remain to be done. *Multa supersunt agenda* should be plainly written across the noble brow of this society, for so it will be in all coming time. The rising sun of our prosperity is high in the heavens, but is there no danger? There never was a greater untruth uttered than the saying, "When a man has got his name up he can lie in bed till noon." No; nothing but untiring industry will enable us to advance, or even to maintain the high position we now occupy. Let us, then, in the future as in the past place able and active men at the front and workers all along the line. The practice of medicine and surgery is a work which cannot be slighted with impunity; it is no truer that poverty overtakes laziness than that dullness and professional stupidity will meet detection. Nothing but faithful study and a daily application in practice of the lessons given us along the road of our advancing science will sustain us.

The future is hidden from mortal eyes, except as we may reason from the known to the unknown, and infer what is to be from what has been. From what is known and from what has been we can safely infer — yes, safely foretell — that the Harvard Medical School is to become one of the leading medical schools of the world, where the highest education can be secured, and that the Massachusetts Medical Society in all the future will occupy that proud position among the medical societies of the world which it has held for so many years; and yet there are many things which remain to be done, and, without any attempt at well-turned sentences, I desire to speak of a few things of the many which remain unfinished.

It is a matter for regret that this society has not long since taken steps to use its influence in securing the universal establishment of the metric system of weights and measure in this State, a subject which has been repeatedly brought to its notice. This is not the time or place for the discussion of this important subject, which is already so well understood by quite a large number of our members, and most approved by those who have made it a study, but you will permit me to say it should be made a matter of interest to each one of us, one which our old habits of thinking shall not debar us from investigating individually, so that the entire weight of this influential body may be thrown in the right direction and in its favor.

If the dignity of a man's character adds weight to his words, how great must be the weight of this society on all matters upon which it may decide to exert its influence! Could all of its members be gov-

erned and guided by one motive, strict professional fellowship, by one object, medical improvement, — each and all moved by that high sense of honor and integrity which governs the good and great, for whom ethical codes are unnecessary, — no earthly power nor all the powers of darkness could for one moment stand in the way of perpetual advancement; but we regret that our councilors have felt the necessity of a code of ethics for this society. It is to be hoped that if we are to be governed by a written law of our own, it will be as brief as it may be, yet broad enough in its provisions to embrace all the relations of medical men in the State to each other, — the relations between all general and regular practitioners and specialists of all classes, together with all surgeons and physicians of state and city hospitals designed for general and special practice. It is well understood by members of this society that matters have not always run smoothly between country practitioners and city physicians and surgeons. Patients are flocking to the city of Boston and the smaller cities of the commonwealth for medical, surgical, and special treatment, and while it is impossible that no disagreement of opinion should occur, still neither distance nor position should grant the least license in word or expression, to or before a patient, which would have a tendency to injure the reputation of the family physician; and it should be remembered that the opinion and treatment of a former attendant are often willfully or ignorantly misrepresented. The members of the Massachusetts Medical Society should aid the medical institutions of the State, and encourage special study and practice, which have done so much in advancing medical science, and in turn receive that patient courtesy which is their due.

I refer with pleasure to the great work carried on by members of this society and others in the broad field of sanitary and hygienic study. Men are searching for all the means within the reach of art and science for the prevention of disease and the preservation of health. This field is unbounded and ripe for the harvest, and although the laborers are not few there is a great work yet to be done. No department of sanitary work is finished; even here at home, in Massachusetts and New England, protection is insufficient and incomplete. As vegetation can be found in all latitudes and altitudes, from the sea-weed to the lichen upon the mountain top, sending forth their exhalations, so endemic and epidemic influences, by whatever name they are known, from the yellow scourge of the South to the influenza of the North, are met in various degrees of severity, largely if not wholly dependent on local causes. As a single tub of stagnant water can satisfactorily stock a country village with mosquitoes, so a neglected sewer or drain will furnish a supply of filth fever for an entire neighborhood; and as the thistle-down lifts its ripe seed from the receptacle and bears it through the air to curse other soils, so the atmosphere lifts chemical poisons and

the germs of disease from beds of filth and pollution, diffusing them in endless variety through the different strata of air, changing too often the breath of life to the breath of death. Where the germ springs to life sanitary work, to be successful, must also begin. Turn the tub upside down, stamp out the thistle-bed of infection, and the work is done; all other efforts are only beating the air.

It gives me true pleasure to-day to mention the really wonderful and cheering success the recent change in medical instruction at the Harvard Medical School has produced, and I refer to it at this time to say that we can congratulate ourselves as well as the school on the advantages to us from the "new departure." The work of all medical societies and medical journals is, in fact, or should be, a continuation of medical instruction. This we have enjoyed in a larger degree during the last few years than ever before. The papers read before us and very much of the published matters in the Boston Medical and Surgical Journal have been as instructive to medical men as the Harvard lectures and demonstrations, or those of any other school, have been to students, and the articles published on recent discoveries and on the progress of the several branches of medical science have been of infinite value to their constant readers, each department being really worth the annual price of the JOURNAL; and I would earnestly recommend the members of this society who have not availed themselves of its instruction not to withhold what is due to themselves as well as to the JOURNAL.

Now that this society, the Harvard Medical School, and the Boston JOURNAL are in a more prosperous and satisfactory condition than ever before, it seems to me it is a favorable time for the Harvard faculty and each and every member of the Massachusetts Medical Society to further consider the absence of accommodations at North Grove Street for this society. The school has outgrown its building by its increase of members and demands, and the society is at that age and condition which should require a home of its own. We are excluded from the Lowell Institute, a hall dear to Boston, whose walls have echoed to the voice of eloquence from poets, sages, and patriots. It was a landmark in the history of Massachusetts, but it was not well suited to the wants and tastes of this society, and it has occurred to me that when the desired and needed change is made, — and made it will be, — and a building adapted to the wants of the school is constructed, a hall sufficiently large to seat this society might be built over the several rooms for the use of the school on special occasions, and for the annual and semi-annual use of the Massachusetts Medical Society, the bright, cheerful walls of which might be graced by objects which would remind us of the fact that we are members of a profession of more consequence than any other to the well-being of humanity; a place we could call our own with feelings of gratification and occupy with enjoyment; and

when medical gentlemen from other States and from other countries visit us they could be comfortably seated. When Harvard University shall erect a building such as it needs for its own use, this society will put its hand down deep enough into its pocket to crown it with a hall, designed by its own taste and wants. Now, gentlemen, this is not that form of charity which requires us to cast our bread upon the waters and to await a reward, but it is like dropping a quarter into the hand of a faithful waiter, whose return brings you a full plate. "The liberal soul shall be made fat" is the word of wisdom. No earnest attempt has ever been made by the Harvard faculty or by this society to make an improvement or to accomplish an end in which they have been unsuccessful. A few years ago we were in debt; by a well-directed effort we are now in funds. *Persistent effort* is all that is needed. See what has been done here in Boston recently by a few energetic young men in securing a medical library, and a building to shelter and protect it with its auditorium, and before unknown and unheard-of conveniences! No fiat went forth, but it sprang up a sort of first-fruit of energy, — a fruit that takes its nourishment from manly zeal and manly enterprise. "Go thou and do likewise." If the improvements or changes spoken of are needed or desirable, why not make them? It is our fault that we have not a hall of our own, and that we are dependent while we possess the means of independence.

The members of the Massachusetts Medical Society have been asked by the joint committee of the corporation and overseers of Harvard College to give their opinion on the question of admitting women to the medical school. I presume the committee has in keeping our several replies to the questions asked, and nothing I can say will be of the slightest value or weight at this time; but I may be permitted to mention in explanation of my own answer that my opinion is that if women are to be admitted to medical schools, and are to be recognized as physicians, there can be no more impropriety or objection to co-education than there is in co-practice or co-consultation in all classes of cases and diseases subsequent to graduation. In my judgment, if the same qualifications for admission are required as well as for graduation, and are strictly adhered to in all cases, there can be no valid, no earthly reason for excluding a human being, whether male or female, white or black, from a medical school or from this society. After the Harvard school has done its duty, its whole duty, to a student, and has conferred a diploma upon that student, this society should receive him or her with open arms, and not *till* then, and should aid each one as a parent would a child. Just here I wish to say a word. As the faculty of the school are considering the question of an increase of the term of study, and of requiring higher qualifications for admission, it should be kept in mind that no man lives who, after graduation and one year of practice, has felt that his prelim-

inary education was needlessly good, or that his medical preparation was too prolonged or too carefully attended to. It should also be remembered how many of us have had a life-long regret that our early education was so neglected, and that our medical studies were so desultory and without exactness as to be of little use to us in commencing practice.

It is well known to those who have been requested to read papers during the first day of our annual meetings that they have spoken to thin houses. Not a baker's dozen of the four hundred regular physicians of Boston come in here to listen to those who have occupied their spare time for months, it may be, in searching up the literature of certain diseases and conditions, and have come up here prepared to discuss matters of vital importance to the profession. This meeting is never full until just before dinner, as if the good things to eat are the all in all which bring us together. This is wrong; common courtesy, if nothing more, dictates a different course toward these gentlemen who, at great pains, are yearly preparing papers for this society. These papers have been productive of good, and if they are to be continued hereafter, as we hope they will, let the authors have a full attendance to cheer them on.

Twenty-five years ago to-day the number of members of this society who graduated before 1840 was quite large, composed of hale, vigorous-looking men. One year ago to-day, when those who graduated before 1840 were requested to pass over the rostrum and into the Music Hall, I with a few other stooping, gray-haired men responded, and my seat was within three of the head of the table. Then and there I was more than ever before impressed with the serious truth that we are all rapidly passing away. Twenty-five years from to-day will there be one left of that diminishing number? This is our day, and it behooves us to ask ourselves here and now, Are we doing all we can? Have we been and are we true to ourselves? Have we been true to those who have placed their lives in our hands? Have we been and are we true to the Creator of heaven and earth and the Giver of life? Are we doing all we can to advance our noble science? Whatever may be the record of the past, let us henceforth do all we can to improve those high moral and intellectual faculties with which an all-wise Providence, who seeth not as man seeth, hath endowed us.

CONTAGIOUS PLEURO-PNEUMONIA, OR LUNG PLAGUE.

BY ROBERT WHITE, M. D.,
Assistant Surgeon United States Marine Hospital Service.

THE prevalence of contagious pleuro-pneumonia among cattle at different points in the Middle Atlantic States at the present time, and the danger of its extension by the natural course of the cattle traffic to districts that are now free from it, afford sufficient reason for directing the attention of physicians to the great injury that may result to the interests of agricultural communities from its spread, and for indicating the prominent characteristics by which the disease can be recognized, and the means that may be adopted for its restriction. Scientific veterinary medicine has received so little encouragement in this country, and so few individuals have been properly trained in this specialty, that the services of a qualified veterinary surgeon cannot be readily obtained in the smaller towns and villages, where the disease is most likely to show itself under circumstances favoring its spread; and it seems proper that physicians practicing in such districts should familiarize themselves with the subject to an extent sufficient to enable them to give such advice and direction as may save their communities from great financial loss, and prevent, possibly, the ruin and distress of many families. So far from the observation and study of disease in animals detracting in any way from the dignity of the medical calling, it is presumed that every physician of liberal training will recognize how greatly such observations have contributed in the past, and will probably contribute in the future, to the progress of medical science, especially in relation to the essential characteristics of the contagious principle in many affections, and the manner in which disease is communicated from one individual to another. Of the various names by which this disease has been designated, *pulmonary murrain*, *contagious pleuro-pneumonia*, and *lung plague* are those which are best known in this country. The term epidemic or epizoötic is frequently applied in this connection, but is objectionable, as it tends to suggest to the popular mind some determining influence in the atmosphere as the cause of the affection, and diverts attention from its true infectious character. As the contagious disease is often confounded with sporadic, non-contagious affections of the chest, I agree with Professor Gamgee in his preference for the term "lung plague" as the most distinctive, although contagious pleuro-pneumonia is most clearly indicative of the prevailing pathological conditions. The disease is indigenous in Asia and the steppes of Eastern Russia, and first appeared in Europe, into which it was introduced through the latter country, at the end of the seventeenth century, and during the succeeding hundred years it gradually spread westward, until at the beginning of the present century outbreaks were occurring every few years over

all parts of the continent. As the disease was extinguished in one place it would reappear in another, owing to the movements of cattle in trade. It was imported into the British Isles from Holland in 1840, and committed great ravages there, the average loss from destruction of cattle for many years being from ten to twenty millions of dollars. From Great Britain the disease was introduced into this country by various importations of cattle. Between 1843 and 1850 slight outbreaks occurred in the vicinity of New York and Brooklyn, which have been so frequently renewed as to warrant the belief that the disease has never been wholly extinguished there. It has appeared at different points along the Northern Atlantic States, but its most serious manifestation was at Belmont, Mass., 1859, where three cows imported from Holland died a few days after their arrival, and the disease extended to the other animals on the estate. A calf purchased from this farm showed signs of illness on its way to Brookfield, fifty miles distant; it was placed in a barn with fifty head of previously healthy stock, most of which sickened in succession, and a large number died. The disease spread from farm to farm, as animals were interchanged in trade, the numerous deaths of cattle threatening financial ruin to many farmers, and the true character of the affection and the immense damage threatened to the agricultural interests of the State were soon recognized. The state authorities took prompt action by convening the legislature in special session, securing the necessary appropriations, and appointing commissioners with power to kill cattle actually diseased, as well as those that had been exposed to contagion and were suspected, the owners being compensated in part. Arrangements were made for the isolation and quarantining of diseased or suspected animals; the sale or the transportation of any cattle from the infected to the healthy districts, without permission of the commissioners, was made punishable by fine and imprisonment. In spite of these energetic measures the disease was not completely exterminated in the State until after a hard seven-years' fight and the slaughter of some twelve hundred cattle, in addition to those which died of the disease. The history of the Massachusetts outbreak illustrates the advantage of prompt coöperative measures for preventing the disastrous consequences that are likely to ensue from failure to recognize the disease in its early prevalence. In treating of the lung plague it is well to insist upon the recognition of the essential fact that it is a specific contagious affection, which does not arise spontaneously, as was long supposed, from any combination of influences, like overcrowding, bad or swill feeding, exposure to severe weather, etc., and that wherever the disease has prevailed in Europe or America it has been introduced by some animal suffering from the specific affection. Its contagious character has been amply demonstrated not only by the difficulty of checking the disease when it has once gained a foot-hold

among cattle, but by the experiments that have been made under the direction of the Swiss and French governments, where diseased animals were introduced among others, notably healthy, in districts where the affection had never prevailed, with the result of communicating it to nearly all the animals exposed. The greater portion of those which survived the disease were not again susceptible on repetition of the exposure. These observations also demonstrated that the contagion could be communicated by the clothes worn by the attendants or the blankets used for the animals, by the vessels and troughs from which they took their water and food, by the excretions, and by contact with the flesh of cattle that had died of the disease, and that these various substances retained the power of infection for many months. The pathological features exhibited by the disease are those of a specific and contagious general affection of a low typhus character, with special manifestations in the lungs, where extensive inflammation, with an excessive exudation into the pleural cavity, into the bronchi, and directly into the lung substance itself, occurs, — conditions which may proceed to such an extent as directly to destroy life by interfering with respiration, or may be succeeded by disorganization, formation of abscesses, gangrene, and more or less complete destruction of the lung tissue, accompanied by purulent infection and blood poisoning. The morbid anatomy of the disease bears considerable resemblance to that of acute phthisis in the human subject; but in many of its features the lung plague has a pathological analogy with small-pox, as it is eminently contagious, may be reproduced in other animals by inoculation with the exuded matter, when it causes a modified disease which secures immunity from its recurrence for a time, as does also an attack of the original affection. The special manifestations of this disease are displayed in the lungs, and the exudation into those organs contains the contagious principle, just as in small-pox the same conditions are manifested on the skin. The period of incubation attending the development of this affection is not well marked, as it may extend from one week to three or four months; and even after this long incubative stage only a latent form of the affection, with but few characteristic symptoms, may be developed. The cattle which conveyed the disease from England to Australia were three months on the voyage, and had no symptoms of the affection until landed, but there was no doubt that the infection of the animals had occurred before their departure from England. These insidious characteristics, which frequently mask its existence, add greatly to the difficulties connected with the disease. Many animals die during the first or second week, in the suffocative stage of the disease. If this period be survived, life may be prolonged five or six weeks. In the cases where recovery takes place the affected animal is capable of communicating the disease to exposed healthy cattle during the whole period

of convalescence. The disease varies greatly in intensity and in its rate of mortality. Animals on one farm may exhibit a mortality of seventy-five per cent., while on one adjoining nearly all may be sick, and but few die. The average death-rate is about forty per cent. of those affected. The observation of a few cases of the lung plague will enable any one with a medical training and a correct knowledge of the pathology of the affection to recognize its appearance among cattle. In a herd where the disease has gained a foot-hold, among the first symptoms shown by the affected animals will be the listlessness and irregularity of appetite and of rumination, distinguishing them from their healthy fellows, who are steadily browsing around them; and it has been noted as a curious fact that, despite the failure of appetite, the sick animals have a fuller appearance than natural. Another early symptom is the change occurring in the animal's hide, which loses whatever softness or sleekness it may have possessed, and becomes rough, stiff, and staring, the hair tending to stand outright, and the whole coat assumes a marked scraggy character. Slight shiverings generally attend the development of the disease, and expert dairy-maids, in some of the districts of Europe where the plague has prevailed for a long time, recognize its existence at an early stage by the stiffness of the teats, the difficulty in milking, and the gradually lessening amount of the secretion. An irregular, slight cough, harsh and dry in character, but not painful, develops daily; it is attended by a short, regular moan or grunt, which accompanies each expiration, and forms one of the most constant and characteristic symptoms of the disease. Both symptoms are aggravated by movement, and if suspected cattle are forced into active motion the affected animals will generally give these signs. Pressure on intercostals causes wincing and signs of tenderness; the respirations are quickened, and very shallow in character. The urine is scanty and high colored, constipation exists, and the excrement discharged is unnaturally dry. Many cases of the disease undoubtedly do not proceed beyond the stage manifested by these symptoms, resolution of the affection taking place, the poison being eliminated before essential change in the lung is produced. Although the physical examination of the chest in cattle is much less satisfactory than in man, on account of the greater thickness of the chest wall, the interposition of the broad scapulæ, and the restlessness of the animals interfering considerably with auscultation and percussion, yet it is of great value in the diagnosis of the disease, and for correct observation of its progress.

It does not require a veterinary expert to recognize another certain and constant symptom in connection with the development of the disease, — the elevation of the temperature of the body, which is increased from its normal standard, 100°–101°, to 102°–104°, and may rise to 106°. This increase of temperature is almost invariably marked, and the use of the

clinical thermometer by its insertion in the rectum or vagina of suspected animals furnishes us one of the most reliable diagnostic marks that we possess, and one that will often give indications of the existence of the disease before the appearance of any other symptoms. Animals in whom a temperature of more than 102° is recognized should be at once isolated and placed under observation. The flattened and motionless ribs on the affected side, the dullness on percussion, and the presence of the healthy respiratory murmur in a normal lung, or its absence in the consolidated organ, where it may be replaced by the râles produced by the varying conditions of the inflamed bronchial tubes, or by the hollow cavernous and gurgling sounds attending destruction of the lung tissue, are pathognomonic signs of the disease. Early in the disease, the foundation of inflammatory products on the surface of the pleura is indicated by the leathery friction sounds produced by the inflamed surfaces rubbing over each other, and as the exudation into the pleural cavity increases the respiratory sounds disappear. If the disease progresses, the symptoms increase with more or less rapidity, the cough becoming more constant and severe, the respiration more difficult, as is shown by its quickened and spasmodic character, by the dilated nostrils, the arched back, and the efforts made by the animal to relieve the affected chest by breathing with the abdomen, drawing up the hind legs, throwing the body forward, the chest, owing to its peculiar construction, being thus expanded. If lying, the animal rests on the affected side, leaving the other as free as possible. Each expiration is accompanied with the characteristic moan or grunt which is present from the first stages, or, if absent, may be elicited by pressure on the intercostals. The dyspnœa becomes intense, and there is a free discharge from the widely dilated nostrils and eyes, thin and serous at first, which gradually becomes thick, yellow, and purulent. If in the open field, the sick animals separate themselves from the unaffected members of the herd, stand persistently with widely distended legs, and present a physiognomy that is very characteristic of the disease.

While the general temperature of the body as shown by the thermometer is greatly increased, the extremities and horns may be quite cold; frequently the peculiarity being exhibited of a single horn or foot only being thus affected. The skin increases in harshness and dryness, and instead of slipping over the subcutaneous tissue as in health seems to become adherent to it. The pulse, which may be felt in the submaxillary artery of the jaw, or in the brachial at the inner side of the fore leg, is increased from its normal rate of 40 or 50 to 80 or 90, and is small and wiry in character. Even in health, the pulse of cattle is accelerated by confinement in close sheds or barns, and in disease there will be a corresponding increase under like circumstances. The respirations, usually 10 to 15 per minute, are increased to 35 or 40, and

the normal relation between the pulse and respirations of 4 to 1 disappears. The signs elicited by auscultation and percussion are here of great value in indicating the progress of the disease. The dry friction sound at first produced by the inflamed pleura is modified as the membrane becomes roughened from the deposit of lymph on its surface, and still further by the filling of the cavity by the enormous exudation. The presence of crepitation soon indicates that not only the surface membrane is involved, but that the lung substance itself has also been invaded, and the advent of râles and sibili demonstrate that the bronchial passages participate in the general affection. Even when the consolidation is extended, it does not wholly mask the sounds produced by the affected pleura and bronchi. It is a disputed point whether the disease primarily extends from the pleura or from the bronchi to the lung substance, but it is certain that both surfaces are seriously involved in all fatal cases. The dullness and tenderness elicited by percussion will be in proportion to the amount of the disease. If but one lung is affected, the resonance is markedly increased and the respiration louder than natural in the other. The invasion of both lungs warrants an unfavorable prognosis. The preceding symptoms are those which accompany the active inflammatory stage, when free exudation into all parts of the lung is going on, which may be checked within such limits as to permit of resolution or recovery in a limited number of cases, or may proceed to such an extent as to destroy the animal by suffocation from compression of the lung by the amount of pleural effusion, or from occlusion of the air cells, or even of the bronchi, by the exudation which is so freely poured into them, as well as by the inflammatory products of their own surfaces. In some cases where the consolidation is limited to the central portions of the lung, the ordinary physical signs are not observable, and the principal symptom manifested is that of excessive coughing when the animal attempts to swallow. If the affection proceeds beyond this stage, a new train of symptoms will arise from the disintegration that must almost necessarily ensue. The formation of abscesses, gangrene, and the general breaking down of the pulmonary tissue are attended with symptoms of purulent infection that are unmistakable. The temperature, which during the inflammatory stage was persistently high, becomes variable, the breath and the discharges from the nostrils are intolerably fetid, and portions of gangrenous lung may be coughed up; the animals become very weak, colliquative diarrhœa replaces the constipation that existed, and death is induced by exhaustion. The post-mortem appearances found in animals that have died of the lung plague vary greatly, but have the common feature of being symptomatic of a low form of inflammation of the pulmonary structure, with more or less free exudation into its substance. In animals slaughtered during the early stages of the disease, the pleura will be found to have lost its natural smooth,

glistening character, to be reddened and thickened, with a varying amount of exudation into its cavity, and patches of yellow lymph deposit scattered over its surface. In the lung substance the inflammation exhibits the peculiar characteristic of not spreading by diffusion to contiguous parts, but invades separated groups of lobules at a distance from each other, the intervening parts retaining their normal character until separately attacked in their turn. This feature of the disease presents strong evidence in favor of its specific character, the local change being dependent on some general exciting cause in the blood. In the early stages the normal pink color of the lung is replaced by red, gray, or blue patches, formed by the isolated groups of consolidated lobules, and as the exudation occurred at different periods softening will be in progress in some of these, so that the conditions known as red and gray hepatization may exist at the same time. The affected portions of lung are swollen, increased in density and friability, and the normal resiliency, crepitation, and inflatability are lessened. With a little effort the parenchymatous structure may be detached from the interlobular tissue by which it is normally supported. The air passages are often seriously affected at a comparatively early period, the larger bronchi being lined with flaky deposits of lymph, and the smaller tubes quite or nearly occluded by exudation similar to that found in the pleural cavity, and by new elements formed from the tube-walls. Even the blood-vessels of the affected parts may be found obliterated by coagula of blood or lymph. As the disease progresses, the amount of effusion into the pleural cavity generally increases, but without apparent cause the quantity found will vary in different cases from a few ounces to several gallons. At first clear and serous in character, it soon becomes turbid from admixture of flaky lymph and of pus and fat cells in small amount. It coagulates on cooling, so that in an animal inspected some time after death the pleural effusion may be found of a gelatinous consistency. The entire pleura is thickened, mottled, and rough from the extensive deposits of lymph, and adhesive bands of false membrane are formed between the surfaces. These are sometimes so extensive as to make a sort of net-work, holding in its meshes the thickened flaky exudation. The strength of the adhesions is determined by their age and by the character of the inflammation; generally they are very friable, and break down easily under the hand. Only in old cases, especially in such as have developed a tendency to recovery, do they acquire any tenacity. The pericardium becomes involved in the same manner as the pleura, and the connective tissue of the chest is greatly thickened from inflammatory deposits. The lung becomes greatly increased in bulk, in weight and density, and in friability from the excessive exudation going on in its substance. On section, it presents a marbled appearance, due to the peculiar arrangement

of the connective interlobular tissue, which has an excessive development in the lungs of cattle, and distinctly marks the boundaries between the groups of lobules, — a prominence still farther increased in this disease by the participation of the connective tissue in the general inflammation, and the development of new elements in its structure to such an extent as to cause marked thickening with formation of lymph, so that it may be seen traversing the lung in broad yellow striæ, irregularly mapping out the islands of lobules inclosed by it. Not infrequently the inflammatory process in the interlobular tissue is sufficiently active to produce suppuration and the formation of small cavities in its substance. The disease is found in its most advanced stages in the lower portions of the lung, where extensive red and gray hepatization may exist, while the upper portion is only slightly congested or œdematous. On cutting into the lung and suspending it, large quantities of blood-stained serum will drain away. The increased density and weight of the lungs are made apparent by placing them in water, when they quickly sink; or, better still, by weighing them in water, when the normal weight of six or eight pounds will be found increased to twenty, thirty, or even forty pounds.

Where animals that have died of the disease have been prepared for market, the ordinary evidences of the affection may have been removed by the careful sponging of the effusion from the chest, and trimming off the adhesions and lymph formations, so that a thickened pleura may be the only prominent sign of the disease. The most careful trimming of the chest walls, however, will not remove the adhesions, but the distinction should be noted whether these are recent or old, as a certain number of cases of the disease tend toward resolution, and the animal may have lived in good condition for years after having had the disease. Taking in connection with the weight and density of the lung its degree of resiliency and inflatability, and the appearances presented on section, it is not difficult to decide, even after the intentional removal of the usual formations on the pleura and in its cavity, whether or not an animal has been the recent subject of contagious pleuro-pneumonia. When the disease proceeds to such an extent as to result in empyema, abscess, or gangrene of the lung, the appearances presented differ from those found in the human subject, under like conditions, only in degree, and the attendant phenomena of large collections of fœtid pus in the pleural sac, the formation of purulent cavities in the lung, and the general breaking down of the pulmonary tissue will be sufficiently familiar to medical observers without farther description.

The lung plague possesses some features that distinguish it from the idiopathic pleuro-pneumonia that may prevail among cattle under certain conditions. These are its long periods of latency, its insidious character, its tendency to prevail in epidemic form, and the low asthenic

type of the disease, as compared with the sudden onset, rapid development, and acute inflammatory symptoms of the idiopathic affection. In the post-mortem appearances of the latter affection the inflammation is of a plastic rather than of a destructive type, and is regularly diffused instead of assuming the patchy form seen in the contagious disease. These distinctive features, however, are not sufficiently marked to form certain diagnostic signs, and those who are most familiar with the insidious characteristics manifested by the contagious affection are compelled to admit that there are no certain means of distinction, and are disposed to recommend that all suspicious cases, where the origin cannot be properly attributed to extreme conditions of weather, or other exciting causes, should be regarded and treated as cases of the contagious affection. Certainly they should be so considered when there is any epidemic manifestation. Treatment of the disease by medication in any form has been found of little benefit; and as each animal affected becomes a new centre of contagion, from which the disease may be spread during the whole period of its prevalence, early isolation and slaughter of the infected animals, and thorough cleaning and disinfection of their quarters and of all articles that might carry the contagious principle, are the most economical and effective means of dealing with it. Efforts to save the animals by treatment are advisable only when the disease prevails to such an extent as to preclude hopes of stamping it out. The flesh of cattle dying in advanced stages of the disease should be deeply buried, with a free supply of corrosive disinfectants, and if the hides, horns, and hoofs are saved healthy cattle should be carefully protected from exposure to them. The fluid exuded into the lungs and pleural cavity has the property of producing a modified affection with several local symptoms, when healthy animals are inoculated. Inoculation secures immunity from the disease for a period of two to four years. This practice has been extensively pursued in countries where the disease has gained such a foot-hold as to prevent its eradication, and it is only under such conditions that the practice is advisable, as each animal inoculated becomes a new source of contagion, from which others may be infected. The fact of the prevalence of the disease on the Atlantic coast, and the exemption which the Western States have heretofore enjoyed, is explained by the direction taken by the cattle traffic, which is almost wholly from the West toward the East. The ordinary Eastern cattle, among which the disease would naturally prevail, are rarely shipped westward, the limited number of valuable imported animals sent in that direction being selected and guarded with special reference to securing their exemption from the disease. Should the disease, however, once be allowed to gain a foot-hold among the vast herds of the West, where the conditions are such that no control could be exercised over the animals affected, it would probably be a permanent one, and result in immense injury to the agricultural interests of the country.

RECENT PROGRESS IN DERMATOLOGY.[1]

BY JAMES C. WHITE, M. D.

Hæmorrhagic Eruption caused by Salicylic Acid. — Freudenberg reports[2] the occurrence upon the skin of numerous and large petechiæ and vibices after the use of salicylic acid for six days, which continued to appear for a day after the omission of the drug. The eruption became paler, and terminated after a week in excessive desquamation of the affected parts. After the disappearance of the cutaneous symptoms the acid was again given, but it was immediately followed by the same hæmorrhagic manifestations, and by desquamation as after scarlet fever.

Cacotrophia Folliculorum. — Under this title Dr. Tilbury Fox, of London, describes[3] an affection of the follicles of the skin as one hitherto not recognized as a distinct disease. The excellent colored plate which accompanies the reprint represents apparently a case of aggravated keratosis pilaris, and indeed he states that "at first sight the disease would seem to be nothing more than severe follicular torpor or lichen pilaris, and I doubt not has been regarded as such by those who have met with cases of the kind." According to his description, it consists of an eruption of solid red papules, the size of a small pin's head, seated at the hair follicles. All the papules are seen to be plugged by exuviæ of adherent scales. It affects chiefly the outer aspect of the upper arms, the shoulders, the thighs, and the sides of the face and forehead. Although having associated with it occasional acneiform appearances, "the disease is certainly not an inflammatory condition." In this general description and in the account of the four cases given in detail by the author, there is nothing which would distinguish the manifestations from those of keratosis or lichen pilaris, as recognized by most modern writers on dermatology. In fact, a distinct affection can only be made by Dr. Fox by restricting the ordinary meaning of this latter disease within limits not generally recognized by German and American dermatologists. It is in some degree of common occurrence, as seen upon the upper arms of young women when exposed in society, giving the peculiar harsh and permanent goose-flesh-like appearance to the part. When of wider distribution and of more aggravated type, it is apt to be associated with a xerosis of slight character, and mistaken for true ichthyosis. The author advises the frequent use of baths and soaps, and inunction with oil, — means which tend to loosen the plugs from the follicles and to stimulate the activity of the glands.

Trichorrexis Nodosa Barbæ. — Of this rare affection of the hair Dr. Schwimmer, of Budapest,[4] publishes an account, based upon a case recently under his observation. It affects principally the beard, and is characterized by nodular swellings along the shaft, which are of lighter color than the latter. At these points the hair breaks readily, and exhibits a finely splintered end resembling a broom. Microscopic examination reveals an atrophy of the root and a sep-

[1] Concluded from page 779.

[2] Allg. med. Central-Zeitung, October 26, 1878.

[3] The Clinical Society's Transactions, vol. xi.

[4] Vierteljahresschrift für Derm. und Syph., v. Jahrg. 4 Heft.

aration of the fibres of the shaft at the affected points, with rupture of cuticula in consequence of the bulging. Beigel has called the disease bursting of the hair. It is not of a parasitic nature, but the process is a mysterious one.

Removal of Superfluous Hairs. — Dr. Michel,[1] of St. Louis, and Dr. Fox,[2] of New York, have recently published articles upon the use of electrolysis in hirsuties. The former gentleman first introduced this method for the relief of trichiasis and distichiasis, after trying several other ingenious plans which were less successful than this. He has applied it in cases of extensive hirsuties as well, and claims that fully ninety per cent. of the larger hairs may be permanently destroyed by it at the first trial. He introduces a gilt needle the entire length of the hair follicle, places the sponge electrode upon the neighboring skin, and passes through the former a current from some eight medium-sized cells, one strong enough only to produce the slow decomposition of water. The action is continued until froth oozes out around the needle, generally in from two to five seconds. Scarcely any shock is felt, and the hair generally falls out on the removal of the needle. The coarser the needle the more certain the destruction of the papilla. No cicatrix follows the operation. Fifteen or twenty hairs may be operated upon at one sitting with scarcely any soreness of the parts after a few hours. Dr. Fox uses an ordinary galvanic battery, with a fine platinum wire electrode in place of a needle, as he thinks that it follows the course of the follicle during introduction on account of its flexibility better than a stiff needle. He also prefers to pull the hairs before inserting the wire where the follicles are large and the former are not needed to guide the insertion of the needle. He believes that the papilla cannot be destroyed without some pain, and states that the first effect of the frying process is the development of an urticarial wheal about the needle. He recommends operation only upon the large and colored hairs, and of these he states that a certain number are almost sure to grow again unless the operator has an unusual amount of skill and practice.

Angioma Pigmentosum et Atrophicum. — Dr. Duhring reports[3] a case of this rare affection (xeroderma or parchment skin of Hebra). The disease, as the above title adopted at the last meeting of the American Dermatological Association implies, is a new growth of vessels, a hypertrophy of pigment, and an atrophy of the dermal tissues combined. In this case the disease occupied the scalp, face, ears, neck, chest, back, arms, legs, and backs of hands and feet. It consisted of scattered, freckle-like depositions of pigment, of a tint varying from yellow to black; of linear, or round, minute telangiectases; and white atrophic spots, varying in size from a pin's head to a split pea. The patient was seventeen years old. The disease began to make its appearance at the age of six months in the form of freckles, and progressed until she was nine years old. During the past five years the freckles had been noticed to disappear in places, and to be replaced by areas of thin, white skin. The relation of these lesions one to the other Dr. Duhring believes, from the study of his case, to be as follows: The pigment spots, the first to appear, are succeeded after a time in places by the development of telangiectases, which continue for

[1] St. Louis Courier of Medicine, February, 1879.

[2] New York Medical Record, current vol., p. 270.

[3] American Journal of Medical Sciences, October, 1878.

a longer or shorter time, when they contract, undergo atrophy, and finally disappear, to be followed by the atrophic spots. Dr. Taylor, of New York, who has had the fortunate opportunity of studying seven cases of the disease, and who has made two detailed reports of the same, differs from Dr. Duhring in respect to this relationship between the lesions. In his opinion [1] there is, after a general hyperæmic stage, dilatation of the capillaries. Then these increase in size by new growth of their elements, which gives rise to the red spots which constitute the first stage of the disease. After remaining a variable period, these minute capillary new growths undergo atrophy, leaving on their site brown spots; this constitutes the second stage, which may be repeated several times. The third consists in the subsequent atrophy of the skin itself in these spots. As further manifestations or sequelæ, there were developed in the severest cases about the face tumors of one or more kinds. These were angiomatous and myxo-angioma. Later there was developed epitheliomatous disease, as observed by Heitzmann and Kaposi.

Inflammatory Fungoid Neoplasm. — By this name Dr. Duhring designates a case of rare cutaneous disease, which he exhibited and described in an exhaustive communication to the Saratoga meeting of the Dermatological Association last year. This he has now published,[2] with a plate of the gross appearances of the case. Two other instances of the affection, occurring in the practice of Professor Hebra, and described by Hans Hebra and Professor Geber, are the only others on record. The lesions are of several kinds, in the form of more or less flat patches, or of prominent tumors or fungoid formations. The flat patches vary in size from a finger-nail to the palm of the hand, and are on a level with the surrounding skin, or elevated slightly above it. They may be superficial or deep seated, smooth, scaly, or crusted, and of a yellow or reddish color. The tumors are round or ovalish, tubercular or fungoid in character, of a light red or violaceous color, and vary in size from a pea to an egg. They may be lobulated and depressed in the centre, smooth, or ooze a thin, bloody serum, which dries into crusts upon them. All regions of the body are liable to be affected, but the face particularly. The lesions appear either suddenly (within a few hours even), or gradually in the course of weeks or months. Having attained a certain size, they soften and undergo spontaneous involution, leaving no scar or pigmentation. Dr. Duhring regards the growths anatomically as a kind of granuloma at the start, while the later tumors are fibro-sarcoma. The patient was a lady, fifty-eight years old, whose general health was excellent. The disease began in August, 1876, and had been a year under the author's daily observation before the publication of this article, during which time it had affected nearly every square inch of the body. Excision has been performed upon some of the tumors with favorable results.

Pyrogallic Acid in Lupus. — In addition to his study of the action of this substance upon patches of psoriasis, mentioned in our last report, Jarisch publishes [3] the results of his experiments upon its action in lupus. After the continued application of a ten per cent. salve for three days, the cell infiltration

[1] Transactions of American Dermatological Association, vol. ii.

[2] Archives of Dermatology, January, 1879.

[3] Wiener med. Blätter, Nos. 15 and 16, 1878, in Viertelj. für Derm. und Syph., vi. Jahrg. 1 Heft.

which constitutes the characteristic tubercles is destroyed, whereas the intermediate portions of healthy skin are scarcely acted upon. On the third day the application becomes very painful, and remains so for some time, even when the parts are dressed with a neutral salve like vaseline. Reaction in the surrounding tissues seldom occurs. Cicatrization of cauterized parts takes place in from one to three weeks, but is followed always by the development of new lupus nodules, which makes a frequent repetition of the application necessary. The resulting cicatrices are distinguished for their smoothness, whiteness, and softness. It seems to be effective in all forms of the disease. During three months of last year it was used exclusively in the clinic upon thirty-one cases, nineteen of which were discharged either completely cured, or greatly improved. In epithelial carcinoma its effects were somewhat doubtful, but Kaposi speaks [1] of its action here as remarkably favorable.

Combination of Lupus and Carcinoma. — In an able review [2] of the histological relations of these affections, in explanation of their occasional combination, Kaposi concludes that the epithelial cancer takes its origin from the exuberant epithelial hyperplasy which characterizes lupus, while that later in its course the carcinoma may develop also from the connective-tissue corpuscles, exudation, and lupus cell elements.

Pruritus Vulvæ. — Dr. Thomas, of New York, in a lecture [3] on this subject, states that leucorrhœa is usually at the bottom of the trouble, and this of that peculiarly acrid variety which causes stinging of the finger after a vaginal examination, or which gives rise to urethritis in the male after connection, which can only be distinguished from that of a specific character by its short duration and easy curability. If in any case it is desired to test whether vaginal leucorrhœa is the cause of pruritus, the vagina may be thoroughly tamponed with cotton, which should be thoroughly saturated with glycerole of tannin. If it is really the cause, this mere damming up of the discharge will make the matter clear, for in twelve hours the patient will experience the greatest relief from her suffering.

The Botanical Relations of Tricophyton Tonsurans. — Dr. Atkinson, of Baltimore, publishes [4] the valuable results of his cultivation of the fungus in tinea tricophytina (ringworm). His experiments were carried on with extreme care, and were as free from error as it seems possible to make them. Although germination was very slow when thus conducted, the results, when not negative, were uniform, — "invariably a multitudinous and simultaneous outburst of hundreds of spores." Hyphæ were then thrown out in abundance from the spores, which branch and interlace, and with the mycelium generate sporangia. Although foreign growths penetrated the culture cells from without and developed luxuriantly, they were easily distinguished from the vegetation of tricophyton. Dr. Atkinson concludes from his investigations that the latter is to be assigned to the mucors. The importance of such trustworthy studies of the botanical nature of the parasitic fungi of man cannot be overestimated,

[1] Wiener med. Wochenschr., No. 44, 1878, in Viertelj. für Derm. und Syph., vi. Jahrg. 1 Heft.

[2] Vierteljahresschrift für Derm. und Syph., vi. Jahrg. 1 Heft.

[3] Archives of Dermatology April, 1879, from Philadelphia Medical Times.

[4] New York Medical Journal, December, 1878.

for it is by such means alone that our utter ignorance concerning them is apparently to be enlightened. Some of the work done in this direction has been so unscientific, and the hasty conclusions published as demonstrated facts are so entirely unreliable, that this branch of study has fallen into undue discredit. We are pleased to know that Dr. Atkinson is engaged in similar investigation of the other vegetable parasites of the human skin.

Demodex Folliculorum. — Neumann contributes[1] the results of his study of this animal in dogs and swine. As is well known, it produces no visible effects upon the skin of man, although of very common occurrence. Upon these animals, however, it produces various forms of disturbance, firm, yellowish globular elevations resembling milia, nodules, pustules, crusts, superficial ulcerations, cicatrices, and pigment deposits, with loss of hair. In a single follicle of the hog he has found from one hundred to two hundred animals; also great numbers in the glands of the dog. For the effect of these parasites upon the skins of oxen see report in this journal of June, 1878.

Albuminuria from Styrax Inunction. — Unna publishes[2] the results of a methodical examination of the urine of one hundred and twenty-four patients with scabies in the Hamburg hospital during their treatment. The latter consists of the inunction of an ointment of styrax three times in thirty-six hours, the patient remaining in bed wrapped in woolen blankets in the mean while. The examination was made on the first and third mornings, and in nine of the cases there was discovered a considerable quantity of albumen, which, however, rapidly disappeared. This, in Unna's opinion, is to be accounted for by the absorption of the balsam into the circulation and its passage into the urine.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The thirtieth annual convention of this society was held at Chester, Pa., from May 21 to 23, 1879. It was one of the largest meetings that had ever assembled in the history of this association, and had nearly two hundred members in attendance. After an address of welcome by Dr. Ulrich, of Chester, of the committee on arrangements, Dr. Charles T. Hunter, of Philadelphia, read the annual address on Surgery, which carefully reviewed the recent progress in this department of medicine. In discussing the treatment of wounds of the soft parts, he insisted upon the observance of three especial principles: (1) early arrest of hæmorrhage, (2) free drainage, and (3) absolute rest. He declared that in order to secure good results it is essential to recognize the causes that retard healing, among which are prominently placed (1) the presence of a foreign body, (2) hæmorrhage, (3) separation or retraction of the sides of the wound, (4) disturbance of wound by voluntary or involuntary movements, and (5) retention of discharges which are liable to undergo decomposition. The success of any plan of treatment will, *cæteris paribus*, mainly depend upon the surgeon's power to prevent or render nugatory all of those causes that have been found so adverse to primary union. The first step

[1] Viertelj. für Derm. und Syph., vi. Jahrg. 1 Heft, from Anz. d. Ges. d. Aerzte in Wien, No. 7, 1878.

[2] Viertelj. für Derm. und Syph., vi. Jahrg. 1 Heft, from Virchow's Archiv.

in the treatment is the removal of all foreign bodies, including blood clots, both large and small, which if allowed to remain would inevitably interfere with immediate union. "A still more cogent reason for the removal of all clots is the fact that minute coagula (which are always to be seen scattered over the fresh surface of a recent wound after active hæmorrhage has been checked) conceal small vessels that are liable to bleed again so soon as the wound is closed and reaction established." Inasmuch as the result of secondary hæmorrhage is to separate the walls of the wound by a coagulum, or to persist until the surgeon opens the wound and secures the vessel, the lecturer advocated the reopening of the wound as soon as the hæmorrhage is detected, if bleeding take place early, in order to turn out the clots, *even if the hæmorrhage have spontaneously ceased.* Should any bleeding points be detected, he recommended the application of a fine catgut ligature cut short. Where a drainage tube is used the need of opening the wound for the removal of clots is not so imperative.

Among hæmostatic agents the ligature is placed first; and although torsion, theoretically, has superior advantages, yet it was doubted whether surgeons generally could ever be persuaded to repose as much reliance in it as in the ligature. There has not been sufficient evidence adduced to prove that the thread ligatures favor septicæmia by becoming saturated with the discharges, as has been asserted. The so-called catgut ligature [1] of Professor Lister was recommended as possessing all the advantages of torsion (by not acting as a foreign body), added to perfect reliability. The gut-cord is aseptic and unirritating, and becomes finally softened and absorbed. He also recommended the approximation of large nerves and tendons by fine animal ligatures. In a large wound some provision should be made for drainage; when this is provided for the dressing should be disturbed as little as possible. After dwelling upon the importance of accurate coaptation of the edges of wounds, by rather an excess of sutures than too small a number, he insisted upon the immobilization of the surrounding parts; to secure this in wounds of the extremities the first joint above and all the joints below the injury should be fixed. This he declared to find its especial application in gun-shot wounds. He advocated dry dressings of the simplest character, such as patent lint, absorbent cotton, charpie, and carded oakum. "The substances that will most readily absorb the discharges as they flow from a wound are the best agents that we have for supporting the sides of the wound and for affording gentle compression." The latter point, that is, that of producing gentle methodical compression, is of great service in aiding early union.

In conclusion, the importance of the daily use of the thermometer as a guide to the condition of the patient after operation and the state of the wound was dwelt upon at some length. While the thermometer is normal (not over 100° F.) and the patient comfortable, there is generally no need to disturb the dressings, but should there be irritative fever the wound should be carefully examined. He had obtained such satisfactory results from pursuing the above precautions that he had not adopted the antiseptic system in its completeness.

At the conclusion of this address, Dr. William Goodell read a practical paper on The Extirpation of the Ovaries for some of the Disorders of Men-

[1] Made from the peritonæum of a sheep, and soaked in carbolized oil.

strual Life, in which, after referring to the causes of pernicious menstruation and its results, expressed by emaciation, suffering, hysteria, epilepsy, insanity, and a host of evils only to be terminated by the menopause, he discussed normal ovariotomy as a procedure calculated to give relief, and gave the clinical notes of four cases upon which he had performed this operation. Two of these were greatly benefited; one died; the other, who suffered from insanity, had not given signs of mental improvement, but her physical health was excellent.[1]

Dr. Isaac N. Kerlin, of Media, read a paper on Juvenile Insanity, illustrating the fact that insanity may appear quite early in childhood, and that it is not unknown even at three years of age.

Dr. Charles S. Turnbull, of Philadelphia, exhibited a horse which had a living filaria (about five inches long) in the anterior chamber of its left eye, and read a short account of a case of intra-ocular, living cysticercus successfully removed from the eye of a man (forty-five years of age) by Dr. J. E. Garretson, of Philadelphia.

The annual address of the president, Dr. James L. Stewart, of Erie, was delivered on Wednesday evening, May 21st. The topic selected was the labors and achievements of physicians of past generations, which it was feared are too often underrated or forgotten by those of the present day.

Dr. Hiram Corson, chairman of the committee appointed to consider the subject, made a majority report on memorializing the legislature in favor of female superintendents for female departments of state hospitals for the insane. A minority report was received in opposition to this project, in which the egregious folly of the measure was briefly but pointedly demonstrated. The majority report was received and adopted by a close vote.

Dr. John Curwen, of Harrisburg, read an interesting report from the committee on epilepsy and insanity.

Papers were also read on Cholera Infantum, by Dr. Ellwood Harvey, of Chester; On the Diagnosis and Treatment of Fractures near the Joints, by Dr. John H. Packard, of Philadelphia; Examination of the Usual Signs of Dislocation of the Hip, and an Inquiry into the Proper Course to pursue when the Dislocation is complicated with Fracture, by Dr. O. H. Allis, of Philadelphia; and Fracture of the Lower End of the Radius, by Dr. Richard J. Levis, of Philadelphia, with a new radial splint.[2]

In the afternoon, Dr. R. A. Cleemann, of the Philadelphia Board of Health, read the Address on Hygiene; Dr. William Pepper presented a Clinical Contribution to Exophthalmic Goitre; and Dr. J. V. Shoemaker gave an account of some of the points in the external treatment of skin diseases.

Dr. Peter D. Keyser, of Philadelphia, read a report on the examination of some railroad employees for color-blindness, in which he stated that he had examined the train hands of the Philadelphia, Wilmington, and Baltimore, the Delaware, the North Pennsylvania, and the Bound Brook railroads, and had found that three and a half per cent. of the whole number mistook colors one for the other, that eight and a half per cent., although able to recognize the colors, were unable to tell the shades; thus making twelve per

[1] Dr. Goodell's paper will appear in our next issue.

[2] This will be subsequently described and figured in the JOURNAL in a clinical contribution from Dr. Levis.

cent. of those examined who were not quick and sharp in the noticing and distinguishing of all colors or shades. But of this twelve per cent. only three and a half were of such a character of defect as to make them really incapable and unsafe to fill the positions they occupied. In the examination several methods were used, so as to make no mistake. The method of Professor Holmgren, of Sweden, in testing with skeins of colored worsted, was first used; then that of Dr. Stilling, in which colored letters on a black card are displayed, after which plates of colored glass are held in front of a gas flame in a darkened room; and finally the different signal lamps used on the roads were brought before the men in various ways. The men were at first tested in the evening by gaslight, and those found in the least defective were reëxamined very carefully in daylight. The refraction of the eyes was observed in each case with the ophthalmoscope and vision taken, and of the number examined 79.4 per cent. were emmetropic, fourteen per cent. hypermetropic, 3.9 per cent. myopic, and 2.68 per cent. astigmatic. Of the color-blind, forty-seven per cent. were emmetropic, thirty-five per cent. hypermetropic, twelve per cent. myopic, and 5.9 per cent. astigmatic. Of those who only shaded badly, 77.5 per cent. were of perfect vision, 17.5 per cent. hypermetropic, 2.5 per cent. myopic, and 2.5 per cent. astigmatic.

"It will thus be seen that color-blindness is not governed by any defect of refraction. Neither has age anything to do with this anomaly, for those found defective ranged from twenty to fifty-three years of age. Of these, 49.9 per cent. were green blind, 44.4 per cent. red, and 5.5 per cent. blue. Of the eight and a half per cent. defective in shading, ninety-five per cent. were so in greens and five per cent. in reds. I have no doubt that the cause of these being so defective in shading colors is due to the want of education. None had ever been placed in a position or condition to handle and examine colors.

"My attention was attracted to two peculiarities among those found color-blind. One was the fact that two men, who could not distinguish red from green on test, had educated themselves to know that red was an intense color, and thus distinguished bright red signals; but at the same time bright greens and other bright colors were red to them, and for such they said they would stop the trains, thus being on the safe side. But green they called a deep or dull color, and dark reds, dark greens, and browns were all green to them, and they would pass them by as signifying that all was right. The other peculiarity was the power of distinguishing bright red when held within three feet of the eyes, while at ten, twenty, and thirty feet it was invariably called green. In sorting the wools bright reds and light greens were picked out together for red. Vision was normal, $\frac{20}{xx}$.

"Last winter, with the assistance of Drs. Fenton and Fisher, I examined the boys of the Keystone Grammar School, one hundred and seventy-six in number, of whom eighteen were defective; none, however, were really color-blind, but all were defective in shading. One said that all the dark shades of yellow were brown; with eight others purples were blues; two said that dark green was brown; one took light browns for red, and the rest shaded badly in greens."

The paper was interesting and attracted considerable attention.

The following officers were elected to serve the ensuing year: President,

Dr. Andrew Nebinger, of Philadelphia. Vice-presidents, Drs. W. B. Ulrich, of Delaware; Jacob L. Ziegler, of Lancaster; George A. Lynn, of Washington; and Joseph A. Murphy, of Luzerne. Permanent secretary, Dr. W. B. Atkinson. Corresponding secretary, Dr. O. H. Allis. The delegates to the American Medical Association, besides other officers, were selected. The next meeting will be held at Altoona, on the third Wednesday of May, 1880. In the evening a largely attended reception was held in the hall, given by the Delaware County Medical Society. On the subsequent day the association visited the Training School for Feeble-Minded Children at Media, and were much interested in the aptitude and ability of the children.

CONNECTICUT MEDICAL SOCIETY.

The eighty-eighth annual session of this society was held in Hartford, May 28th and 29th, with the largest attendance for many years and the largest accession of new members, including quite a number of practitioners who have heretofore kept aloof; at no time have there been so many interested actively in the society, nor so many engaged in professional work, whose results were here shown. The establishment of the State Board of Health and the field thus opened have stimulated professional thought and effort along all lines, and given a more lively interest generally in those subjects that are occupying the attention of the thinkers and workers in the profession. The younger men, too, that have been coming into the State, educated by newer and better methods, and of a broader and wider culture generally than were attainable in older times, are beginning to make their influence felt, while a larger proportion of the new members have both leisure and ambition to work. Death is rapidly thinning the ranks of the older members, sixteen in 1877, fourteen in 1878, all averaging sixty-two, and many considerably over eighty, some of the lives reaching back to the very inception of the society, but of course no professional life. Among the dead is one honored name, an honorary member of this society from your own State, — Jacob Bigelow.

The special topics discussed were the proper management and care of the insane, the metric system, a proposed law relating to medical tramps or itinerant practitioners of medicine, and the medical-examiner system of Massachusetts. These were brought before the attention of the society by the president in an address to the Fellows on the first day's session, which is for business, when delegates from the county society, or Fellows alone, have the voting power. Committees were appointed on these subjects, in accordance with the president's recommendations; that on the treatment of insanity to consider also the propriety of commissioners in lunacy for this State. That on the medical examiner system was requested to investigate its workings in Massachusetts, and report as to its desirability for Connecticut at the next convention. Committee: C. W. Chamberlain, Hartford; E. C. Kinny, Norwich; N. E. Worden, Bridgeport.

The following are the provisions of the proposed bill concerning itinerant practitioners: First, a conjoint board from the three medical societies in the State, two from each. Second, an examining fee of twenty-five dollars in ad-

vance. Third, a monthly tax of from twenty-five to one hundred dollars a month in town, village, or city, and ample fines for attempted evasion. The measure did not find favor, however, and was rejected, although it came over from a preceding convention. The general sentiment of this society is that it is neither wise nor expedient for us to try to induce legislation on the subject until public sentiment changes radically on these topics.

The revised charter for Yale Medical School removes the restrictions on the course to be followed, and allows the faculty to raise the standard of attainment as rapidly as circumstances will allow. The graduating power is still in the hands of a conjoint board of the professors and an equal number of examiners appointed by the society, and its president is *ex officio* president of the examining board. The power to appoint one gratuitous student from each county is given up, and the whole instrument much simplified. The most important changes are those rendering possible a graded course.

Delegates were appointed to the International Medical Congress at Amsterdam: Prof. Francis Bacon, New Haven; Dr. B. N. Comings, New Britain. The following officers were elected for the ensuing year: president, Dr. A. R. Goodrich, Vernon; vice-president, Dr. G. L. Platt, Waterbury; treasurer, Dr. F. D. Edgerton, Middletown; secretary, Dr. C. W. Chamberlain, Hartford. The delegates appointed to the Massachusetts Society were Drs. Wm. Deming, Litchfield, A. B. Woodruff, Thomaston; the committee to investigate the medical-examiner system also will have one representative. All vacancies in delegations are filled by the secretary when possible.

Dr. A. N. Bell, Garden City, Dr. E. Seguin, New York, were nominated for honorary membership, and by rule their names are to lie over one year.

The treasurer's report showed an increased expenditure, and about the same income, to a smaller balance; some portions of the State are very delinquent.

The trial of Dr. M. B. Pardee, of South Norwalk, by the committee on county resolves, before whom all such matters go, excited, perhaps, as much interest as anything connected with the session. The case was sent up last year by the Fairfield County Society, with a sentence of expulsion, which must in all cases be ratified by the state society to be valid. The principal charge, consultation with his wife, who is a homœopathic practitioner, was considered not proved last year, and so the case went back to the county. This year the county society makes the charge of gross professional misconduct, and thereupon expel him, and this sentence was confirmed after a long trial and sharp debate, Pardee reading a lengthy statement in his own defense. This committee did not report until the evening session, which was prolonged until ten o'clock, when a collation was given to the society by the Hartford City Medical Society, which proved very pleasant; there were short, bright, witty speeches, good stories, and general good cheer until the small hours. The presence of Dr. Benjamin Cotting, an honorary member of this society from Massachusetts, added much to the pleasure of the occasion, while Prof. W. A. Hammond, of New York, was also very felicitous in story and repartee. This reception is a new and promises to be a very enjoyable feature of these meetings.

May 29th. The address of the president was upon Honesty in Medicine, and was a criticism upon some of the admitted evils in professional life; he

discussed medical education, and consultations, claiming that an honest opinion should never be compromised or surrendered, and the patient free as air to change his physician, select the consultant or any other. The disgraceful condition of medical expert testimony was freely discussed, and many minor points in the relations of professional life dwelt upon where greater openness was desirable. Dr. Bartlett, of New Haven, read On the Principles of Hygiene and Conservatism in Surgery. He illustrated the modern improvements in the treatment of surgical cases, especially according to the antiseptic method, and discussed the whole subject at length in a very able manner. After Dr. Bartlett had concluded, the chairman called upon Dr. A. Hosmer, a delegate from the Massachusetts Medical Society, who replied in a very happy vein. Then Dr. Lathrop, of the New Hampshire Medical Society, was introduced, and said a few words in reply. Then Dr. Cotting, of Boston, was called upon, and made a bright little speech, at the close suggesting to members to subscribe to the Boston Medical and Surgical Journal. Next, Dr. Webster, delegate from Maine, was called upon. Finally, Dr. Hammond, delegate from the Neurological Society of New York, was introduced, and replied forcibly and briefly.

A report on vital statistics was presented by Dr. Chamberlain, superintendent of vital statistics for Connecticut, containing a *résumé* of the points in epidemiology and sanitary science, illustrated in the returns of 1878 and the results of a study of diphtheria. The results only were presented, the figures and tables reserved for publication, as they could be best consulted in print.

Dr. Mayor read a very able and valuable essay on yellow fever, reporting his own experience while in charge of an outbreak of yellow fever in Newbern during the war. The following conclusions were reached: (1.) Yellow fever in the United States generally owes its origin and spread to importation. (2.) Yellow fever germ has a long vitality. (3.) A Southern climate season of great and protracted heat, soil saturated with products of animal and vegetable decomposition, aggravated by alternately being covered with water and exposed to the sun, neglect of sanitary measures, a certain state of the atmosphere, and unacclimated material are favorable conditions for yellow fever. (4.) Under these, at a high potency, yellow fever may arise *de novo*. (5.) The fever is not very likely to spread if those conditions be not met with. (6.) Sanitary regulations and strict quarantine are equally necessary.

The next paper was by Dr. R. S. Goodwin, of Thomaston, on Alcohol as a Therapeutic Agent. This enumerated briefly some of the most prominent physiological effects of alcohol on the human system in health, and defined the position which this important drug should take as a therapeutic agent. The paper did not, however, discuss chronic alcoholism, or the extensive catalogue of tissue designations which that subject introduces. Dr. Goodwin held that alcohol has in general received too much enthusiastic and over-wrought praise as a medicine, and that over-stimulation in disease is not a wise or philosophical mode of treatment. He claimed that alcohol should not be given at the same time as nutrients, nor as a febrifuge in febrile diseases, nor to women during the period of lactation. Alcohol, however, may well be employed as a means of sustaining the heart's action during alarming crises of disease, in the crises of fever, in recovery from shock, in the dangerous syncope following

violent hæmorrhages, in antagonizing the powerfully depressing influence of morbific agents; also in varieties of nervous disorders, by virtue of its sedative influence upon the nervous centres, it may indeed sometimes be of more value than other remedies.

Dr. J. B. Kent, of Putnam, was not present to read his essay on Drainage in its Relation to Health, and it was referred to the publication committee for printing.

The next paper was on The Insane Colony at Gheel, by Dr. A. M. Shew, of the Asylum for the Insane at Middletown. The colony of Gheel, Belgium, dates back to the seventh century, and has now developed into a great system of government care of two thousand of the quiet chronic insane. An interesting account of the founding of the colony was given, and Dr. Shew then proceeded to describe the treatment. The patients are first received in the hospital, and are then sent out to live and labor with the families resident in the commune. The better class of patients are provided for in the village, but the others live with the peasants, and work in the fields with them. Every hamlet contained restraining appliances, but they are seldom used; excitable patients are at once transferred to Antwerp or Brussels. Dr. Shew, who visited the colony, was not pleased with the system, for the reasons that there was an absence of good medical care, a confusion of sexes, poorly ventilated houses, lack of wholesome diet, unlimited opportunity for the abuse of patients, and defective curative arrangements.

Prof. W. A. Hammond presented a paper in his usual vein on Insane Asylums, which was received without debate, and with the thanks of the society.

Dr. Carleton, of Norwich, exhibited a part of a leg bone, illustrating ununited fracture, and made an interesting statement of the case, which occurred in New London.

Dr. Frank Foster, of New York, read an instructive paper on the Use of Vaccine Matter taken from the Animal, and Dr. R. W. Matthewson, of Durham, a paper on Fibrous Tumor of Uterus removed by Laparotomy. This closed the readings, and the following voluntary communications were merely read by title, to save time, and ordered published with the proceedings: —

Officinal Alcohol as a Stimulant, by Dr. D. C. Leavenworth, of New Haven; Astringents in Diseases of the Conjunctiva, by Dr. F. M. Wilson, of Norwalk; Myopia, by Dr. W. H. Carmalt, of New Haven; Perityphlitis, by Dr. E. C. Kinney, of Norwich; Mortality of the Insane, by Dr. James B. Olmstead, of Middletown; Registration, by Dr. C. A. Lindsley, of New Haven; Spasmodic Spinal Paralysis, by Dr. J. H. Treat, of Terryville; Arsenic Eating, by Dr. P. A. Jewett, of New Haven; Treatment of the Insane, by Dr. Bacon, of Middletown.

The convention then, at 2.15 P. M., adjourned *sine die*. The next annual meeting will be held in New Haven. After the adjournment, the members of the convention, delegates from other societies, and invited guests partook of the annual dinner, which was served at Merrill's café. This was a very enjoyable affair. After the cloth had been removed, brief speeches were made by Governor Hubbard, Charles Dudley Warner, Dr. Hosmer, of the Massachusetts Medical Society, Dr. W. A. Hammond, of New York, Dr. Cotting, of Roxbury, Mass., and Colonel Greene, president of the Connecticut Mutual

Life Insurance company. Letters from Dr. Fordyce Barker, of New York, J. G. Batterson, of Hartford, President Pynchon of Trinity College, and others were read, expressing their regret that they were not enabled to be present on the occasion. Dr. Wainwright also received, at too late an hour to present it, a letter from Governor Andrews, in which he stated that he could not be present, as he was preparing to start for Washington, D. C., on business connected with the gubernatorial office.

NEUBAUER AND VOGEL ON THE URINE.[1]

THE number of editions through which this work has passed since its first publication in 1854 sufficiently attests its worth. The translation issued by the New Sydenham Society in 1863 has long been regarded as the best treatise (it is rather a collection of treatises) in the English language on the analysis of the urine and its semeiology. But the progress of chemical science and medical research have made a new translation highly desirable, and the present one comes to us with the addition of about a hundred pages, a complete index, and very numerous illustrations, beside microscopic plates of the urinary sediments, the spectrum of hæmatin, hæmoglobin, etc. An appendix contains rules for the analysis of urinary calculi and concretions. The translation and revision could not have fallen into hands better qualified for the work than those of Dr. Cutler and Professor Wood, and the volume is published in a very handsome form.

POTTER'S COMPENDIUM OF MEDICINE.[2]

THE "frequent and urgent demands" for another edition of this work appear to account for its presence. There is little to be said for or against compilations of this kind, except to express surprise at their number. The volume in question embodies the researches of many of the best authorities, and contains some good hints on "natural therapeutics."

TELLOR'S DISEASES OF LIVE STOCK.[3]

THIS useful volume gives the results of the author's study and observations of the diseases of domestic animals in such a form as to make it comprehensi-

[1] *A Guide to the Qualitative and Quantitative Analysis of the Urine.* By DR. C. NEUBAUER, Professor, etc., in Wiesbaden, and DR. J. VOGEL, Professor of Medicine in the University at Halle. Translated from the seventh enlarged and revised German edition by ELBRIDGE G. CUTLER, M. D., Physician to Out-Patients at the Massachusetts General Hospital, Pathologist at the Boston City Hospital, etc. Revised by EDWARD S. WOOD, M. D., Professor of Chemistry in the Medical School of Harvard University. New York: William Wood & Co. 1879.

[2] *A Compendium of the Principles and Practice of Medicine for the Use of Students and Practitioners.* By STEPHEN H. POTTER, M. D. Second edition. Hamilton, Ohio. 1879.

[3] *The Diseases of Live Stock, and their most Efficient Remedies.* Including Horses, Cattle, Sheep, and Swine. By LLOYD V. TELLOR, M. D. Philadelphia: D. G. Brinton. 1879.

ble and valuable to the farmer or breeder, while at the same time scientifically exact in matters of diagnosis and treatment, and especially full in the latter branch of the subject. The best authors in Great Britain have been freely used, Prof. William Williams, Finlay Dun, Gamgee, and others, beside those of our own country whose writings are of most value, Law, Townshend, etc. At a time like the present, when a knowledge of the best methods of controlling the epidemic diseases of cattle is of such vast importance to us financially, and animals are regarded also as being the possible source of certain human disorders, the study of their diseases assumes a new interest.

SANITARY IMPERFECTIONS OF PUBLIC BUILDINGS AT THE NATIONAL CAPITAL.

By Health Officer Townshend's report on the condition of public buildings at Washington, it would appear that some of them are reeking with dangerous miasma, due to imperfect ventilation. The Treasury Building in particular, covering an area of five hundred and twenty-eight by three hundred feet of ground, and sheltering two thousand persons, was in such foul condition that Mr. Townshend suffered violent attacks of headache even from the comparatively brief period which he was obliged to spend therein. The air in rooms on the fourth floor was unfit for breathing. The rough means adopted for ventilation, skylights, were found closed in every instance, because of the draughts they created when opened. There is abundance of air space, and this is the only salvation of the workmen, but there are no means of ventilation. In the binding-room bad smells were everywhere encountered. The dressing-rooms are "perfect pest-holes." Close attic-rooms, portioned off into stalls, are literally packed with the clothing of the employees. In endeavoring to demonstrate the situation, Mr. Townshend asks his readers to imagine the condition of a small room in which were hung the contents of the wash-baskets of two hundred families, — clothing which has absorbed bodily impurities for days and weeks. The only means of ventilation were skylights, again, and these remained closed. In addition to this condition of things the working clothing is deposited here during the night, and packages of cold food of nearly all the employees are likewise left in this apartment. The press-rooms, five in number, employ four hundred and forty-six persons. Impurities are generated by chemicals on hot plates, and other materials. Numerous gas jets and surrounding rooms add their impure air, no means being provided for ventilation. Moreover, each individual has but two hundred and seventeen cubic feet of air instead of five hundred, the minimum quantity sanctioned by authorities. The condition described is no fault of the officers in charge, for everywhere cleanliness was noticeable. Winder's Building and the Government Printing Office, are likewise at fault, though the former is in better condition as to its atmosphere than the other buildings. Mr. Townshend gives statistics of deaths in the District of Columbia, which clearly show that a much smaller death-rate would be the certain result of better ventilation in the public buildings, and for this he appeals in a manner which we trust will not be disregarded.

PROGRESS VERSUS CONSERVATISM.

We are again in the midst of the season of the annual meetings of societies and associations, with their attendant addresses, papers, reviews of work done, and incitement to work to come.

We publish to-day a report of the late meeting of the Connecticut and Pennsylvania State Medical Societies, and are also fortunate enough to be able to give our readers an abstract of Dr. Garland's address before that of Massachusetts. The character of these meetings has been gradually changing for the better in the direction of seriousness; the social does not stifle the scientific element to the extent it once did. Papers of positive and permanent value are sometimes brought out by these occasions, and if in our own society they are not always listened to at the time, as Dr. Garland properly observes in his address, let us hope it is because they are done greater justice to by a subsequent perusal, an opportunity for which is offered in the columns of the Journal and in the published Transactions of the society. But it cannot be denied that in general there is still room for improvement in the spirit and transactions of annual meetings, and this the annual addresses are much less likely now than formerly to allow us to forget. In this respect the fourth of July has almost ceased to affect us for evil. The shout of exultation has yielded to the warning monotone of the Greek chorus. The things left undone which ought to be done form a more grateful theme to the speaker and a more wholesome one for the societies than the glorification of the *res actæ*.

This tendency may, however, in its turn, be carried too far. Too much sackcloth causes an eczema, easy to acquire but hard to be rid of. Change and progress are not always synonymous, and the wisdom of a decade does not easily outweigh that of many centuries. In the abstract all allow that it is better to do old things well than to attempt many new ones. The admission of women to the medical department of an old university and to membership in the state society are matters in regard to which we have at different times had occasion to express no uncertain opinion, in acting upon which we think there is little danger of progressing too slowly. With patience let us strive yet a little to improve things as they are, even though we run the risk of sharing the fate of a professional colleague in Connecticut, who not only married a female physician, with homœopathic views, but consulted with her, and was expelled from the state society, all of which would not have happened had Harvard made suitable provision for her education.

MEDICAL NOTES.

— Through the liberality of Sir Richard Wallace, the British sick poor of Paris have been provided with a hospital, to be called the Hertford British Hospital. It is a fine building. The patients will be under the care of experienced physicians, a lady superintendent, and nurses, all of their own country.

— Eighty journals relating to the medical sciences are now published in Paris.

— A Western physician in attendance upon a confinement case which terminated in an obstinate and dangerous hæmorrhage, after exhausting every means at hand to arrest the flow (he had neither ergot, nor ice, nor brandy, nor syringe, nor any form of hæmostatic), finally seized the poker, and heating it red hot cauterized the spinal region over a surface about four inches square. The uterus contracted at once, expelling the doctor's hand; the hæmorrhage ceased, and did not reappear. The patient's life was barely saved. The doctor must have learned that during a confinement certain things should be at hand.

— Prof. S. P. Sadtler has been elected to the Philadelphia College of Pharmacy, *vice* Robert Bridges, M. D., resigned. — M. Bronardel replaces the late Professor Tardieu in the chair of legal medicine in Paris. — Dr. Gubler, professor of therapeutics in Paris, recently died in Toulon of the same malady — cancer of the stomach — which carried off Trousseau, his immediate predecessor but one in the same chair. — Dr. Clouston has been appointed lecturer on mental diseases in the University of Glasgow. This is a new lectureship. — Hebra was chosen president of the Imperial Society of Physicians at Vienna by a vote of 129 to 54.

NEW YORK.

— An unusually large number of changes in the corps of instructors in the various medical schools has taken place this year at the close of the spring session.

Dr. John T. Darby having resigned the chair of surgery in the medical department of the University of New York on account of ill health, and having been made professor emeritus, Dr. J. Williston Wright, professor of obstetrics in the same institution, has been elected professor of surgery; while Dr. William H. Polk, professor of materia medica and therapeutics in Bellevue Hospital Medical College, has received the appointment to the chair left vacant by Dr. Wright's resignation.

At the Bellevue College Dr. A. A. Smith, one of the lecturers on clinical medicine, has been appointed lecturer on materia medica and therapeutics in addition, and will in time, no doubt, receive the full professorship, as was formerly the case with Dr. Polk. Dr. Joseph W. Howe, for some time past professor of clinical surgery in the university school, has received the same appointment at Bellevue. This makes three professors with the same title there, the other two being Drs. Alexander B. Mott and Erskine Mason.

At the College of Physicians and Surgeons Dr. Thomas T. Sabine has been appointed professor of anatomy, Dr. H. B. Sands having resigned that position and been made adjunct professor of surgery. Dr. Matthew D. Mann has resigned the lectureship on clinical microscopy, in consequence of removal to Hartford, Conn. Just before his departure from the city a dinner at Delmonico's was tendered him by some of his medical friends, and quite a number of gentlemen were present to do honor to the guest of the evening, among them being Drs. Fordyce Barker, Charles C. Lee, Wm. H. Polk, Robert F. Weir, E. C. Seguin, James B. Reynolds, Joseph E. Janvrin, Wm. M. Chamberlain, Beverly Robinson, P. Brynberg Porter, Willard Parker, Jr., Paul F. Mundé, and

Frank H. Bosworth. Dr. Mann will still retain his position as one of the editors of the *Archives of Medicine.*

— In his speech following the oration of Professor Gross, at the dedication of the monument to Dr. Ephraim McDowell, which took place at Danville, Ky., on the 14th of May, Dr. Sayre made a very happy hit, which created the most unbounded enthusiasm among the immense audience present, by an allusion to Dr. McDowell's patient. "Another fact strikes me very forcibly, Mr. President," said Dr. Sayre, "and that is the heroic character of the woman who permitted this experimental operation to be performed upon her. The women of Kentucky in that period of her early history were heroic and courageous, accustomed to brave the dangers of the tomahawk and the scalping-knife, and had more self-reliance and true heroism than are generally found in the more refined society of city life; and hence the courage of Mrs. Crawford, who, conscious that death was inevitable from the disease with which she suffered, so soon as this village doctor explained to her his plan of affording her relief, and convinced her judgment that it was possible, immediately replied, 'Doctor, I am ready for the operation; please proceed at once to perform it.' All honor to Mrs. Crawford! Let her name and that of Ephraim McDowell pass down in history together as the founders of ovariotomy."

— The ceremony of laying the corner-stone of the building of the New York Bible and Fruit Mission took place on the 27th of May, when the Rev. Dr. Howard Crosby, chancellor of the university, presided, and the Rev. Arthur Brooks, the Rev. Dr. Wm. M. Taylor, and Drs. C. R. Agnew and D. B. St. John Roosa participated in the exercises. The field of this charity, which has been in successful operation for a considerable period now, is to a great extent among the hospitals on Blackwell's Island, as well as those in the city proper, and the site that has been selected for the new edifice is at the foot of East Twenty-Sixth Street, opposite the entrance to Bellevue Hospital.

On the same day the annual reception of the country branch of the Nursery and Child's Hospital (the institution in whose behalf the grand charity ball is given each year at the Academy of Music) was held at West Brighton, Staten Island. There are very extensive grounds, which are in an elevated and healthful location, and the children, instead of being crowded together in one large building, are divided among a number of pleasant little cottages, which are models of tidiness, and which bear the names of various patrons of the charity. It is stated that the mortality at this branch establishment, which has now been in existence for nine years, is five and one half per cent., while that of the city department is fifteen per cent.

— Every week or two cases of small-pox are being discovered among the Bohemians occupying a certain tenement-house district in the eastern portion of the city. As a rule they are a very ignorant and degraded class, who seem to have an unconquerable prejudice against vaccination, and when small-pox appears among them they would rather die than be sent to a hospital where they would be well taken care of. They would also prefer to have their children perish rather than let them be taken there, and hence they always endeavor to elude the vigilance of the health authorities in every possible way. A short time ago it was reported to the board of health that a little Bohemian

boy, four years old, in this district, was suffering from small-pox, but when the disinfecting corps went to the house with an ambulance to remove him to the Riverside Hospital, it was discovered that the family had hastily removed, taking the sick child with them, and could not be found. About a week afterwards the board was notified that the family had returned to their former quarters, and that the boy was dead, when a coroner's inquest was held, and small-pox declared to be the cause of death. On the same day another child in the same neighborhood was reported to be sick with the disease, but when the officials reached the house it was found that this family also had fled.

CHICAGO.

— At the recent meeting of the Illinois State Medical Society, held at Lincoln, about eighty members were present. The meeting was harmonious, and business was hurried so that little discussion followed the reading of papers. About a dozen papers were read, which mainly embodied discussions of different topics and reports on the progress of certain departments, without recording anything particularly in the line of original research. Dr. Ephraim Ingals, of Chicago, was elected president.

— The faculty of the Chicago Medical College have recently voted to dispense hereafter with the summer course of lectures and recitations, and to extend the winter sessions to six months continuously, so that lectures will be given by the regular faculty from the first of October till the first of April, at which the graduations will take place.

— The question of the abuse of medical charities has begun to engage the attention of the profession in Chicago, as it has in the large cities of the East. Quite frequently complaints are heard from physicians that the college clinics and dispensary services take away their patrons who are well able to pay for both treatment and medicine.

The plan so far pursued in the largest of our general dispensaries, is to have patients, before being prescribed for, interrogated by a physician appointed for the purpose as to their ability to pay. If he thinks, after this examination, that any one is not a proper subject for dispensary treatment, such person is at once dismissed. Notwithstanding this care unworthy persons are often treated. Some people are fertile in resources of deception, and probably the most painstaking investigation of the circumstances of every person applying for free treatment would not succeed in rejecting all the undeserving ones.

The Illinois Charitable Eye and Ear Infirmary, which has a very large attendance upon its dispensary service, has recently put into practice a new means for the prevention of this abuse. Each patient applying for treatment, is now required to sign and swear to an affidavit that he is without means and utterly unable to pay. This scheme has been in operation hardly two months, but it is a sad comment on the sacredness with which an oath is held by civilized people with sore eyes and ears, that so far the plan seems to have increased the number of well-dressed people applying for treatment, and who find no difficulty in subscribing to the affidavit.

LETTER FROM VIENNA.

Clinics for Skin Diseases and Syphilis. — Billroth's Operations. — Clinical Advantages.

Mr. Editor, — Vienna continues to be very attractive to students of medicine. Nearly all nations are represented here this winter, including a large number of English-speaking people, one hundred and eight of whom are Americans. The abundant material to which the student has full access, the large number and the excellence of the private courses, and the fact that they are so arranged that one can go from course to course all day long without losing time, are the wide-known attractions of the Vienna system.

Skin is decidedly the most fashionable study. In this branch of medicine there are six clinics daily. Professors Hebra, Neumann, and Kaposi are the best, the two last being the most popular among the Americans. Professor Kaposi has just come out with a new book, which is essentially the same as his lectures, and is remarkably clear and explicit, especially in regard to treatment. In the Hebra clinic one is struck with the rapidity and accuracy in diagnosis, and the simplicity and efficacy of the treatment. Hebra's spoon scrapers are extensively used in the treatment of epithelial cancers, lupus, moles, etc. With these instruments it is almost impossible to scrape away anything but the diseased tissue. Quite large epithelial cancers of the face are at first spooned out as much as possible, and later the returning disease is continually cauterized with nitrate of silver until the granulations are healthy. The resulting scars are often better than could have been expected from a plastic operation. Lupus is usually treated in much the same way, but when the disease is extensive or the patient especially sensitive, a strong pyrogallic-acid ointment is applied. At the end of two or three days the diseased parts are found to be necrosed, and soon slough out, leaving healthy skin on the sides and granulations beneath. The experiments with chrysarobin and pyrogallic acid in the treatment of psoriasis, herpes tonsurans, etc., are still continued, and have already been mentioned in your pages by Dr. Garland.

Syphilis seems to be well understood, and is excellently taught. The wards of Professor Sigmund are noticeable for their order, — the discipline of the nurses, who do all the dressings in both male and female wards, — and for the scrupulous personal cleanliness of the patients. Professor Sigmund himself has given only four lectures this winter. His assistant, Dr. Mrazk, gives a very good private course, where one can get a large experience in diagnosis and treatment in a short time. The well-known inunction cure is extensively used; also the subcutaneous injection of either peptone-quicksilver or the albuminate of quicksilver.

Professor Sigmund claims that wounds heal as well in syphilitic subjects as in non-syphilitic; accordingly, if a chancre is so situated under the prepuce that it cannot easily be taken care of, the patient is circumcised, and not only the prepuce but as much of the induration as is inconsistent with the symmetry of the organ is also removed. Circumcision is almost always done if the chancre is so situated that it can be removed with the prepuce. When the wound unites by first intention, which often happens, there is a clear gain of

two months' treatment of the chancre. These wounds usually do very well, except in cases where the chancre is gangrenous or diphtheritic.

Indolent suppurating buboes, syphilitic or otherwise, are not simply laid open, but all the tissue of the upper part is cut away down to the edge of the cavity, leaving a flat, open wound, and if the pus has burrowed under the glands they too are excised.

In surgery Professor Billroth attracts a large class, few of whom are Americans. He usually has something interesting. A few days ago he removed a larynx, and early in the winter he exhibited a man with a gastric fistula. We were somewhat surprised at the treatment of a hip dislocated on the dorsum ilii of four months' duration. He made no attempt to reduce it by manipulation on account of its long standing, but opened the joint by a long incision from the buttock down on to the back of the thigh; he then "cut all the muscles that prevented its reduction," and with the aid of several assistants brought the leg into position; then putting his hand into the wound brought out the head of the bone, which had been broken off by the reduction. His wards are remarkably clean and orderly. He usually operates under carbolic spray, and applies a very large dressing consisting of simple disinfected gauze containing no antiseptic whatever, over which is laid a large quantity of salicylic oakum or cotton, and outside of all a starch bandage, to render the part immovable and the dressing secure. The solutions for washing the wound, etc., are thymol. Heavy flaps in wounds are held in place by deep wires secured by lead balls.

In diseases of the urinary organs Dr. Ultzmann gives a good course. He has made a special study of the pathology and treatment of spermatorrhœa. Not to mention many smaller points, he says that in these cases the pars membranacea and prostatica is especially sensitive to the sound, and that the mucous membrane in that region is excessively hyperæmic as seen with the endoscope. Towards such a condition of the urethra and a relaxation of the ducts of the vesiculæ seminales he aims his local treatment, which consists for the most part in the application of a sound cooled by a double current of water and astringent suppositories introduced by Dittel's *porte-remède*. His results are often good. He points out the danger and demonstrates cases of male sterility after gonorrhœa caused by inflammatory obliteration of the ejaculatory ducts. He insists on the risk of entirely emptying a paralytic bladder at the first catheterization, on account of the hyperæmia *ex vacuo* which will follow in proportion to the thickness of the wall and to the amount of urine that constantly remained in the bladder. The immediate danger is a hæmorrhage into the kidneys or bladder. The worst result to be thought of is a fatal nephritis; the least is a more or less severe cystitis. His procedure is partly to empty the bladder at first, and to substitute a carbolic solution (one half per cent.) for the urine, gradually diminishing the amount until the bladder is empty, at the same time applying massage and electricity to the bladder region. He has just written a book on the examination of urine, which contains references to his well-known atlas of urinary sediments. This book explains many new and original points, and is of especial value to his pupils.

Midwifery is popular, because the students are allowed to examine all the

cases and to perform the smaller operations. The courses were all stopped for a time on account of the large number of cases of puerperal fever. The instructors make a great point of external examination and diagnosis. Last May Dr. Schanta, Professor Späth's assistant, having read of some cases of abortion accidentally caused by pilocarpine, resolved to test its power in that direction. Accordingly, he caused a woman to abort by subcutaneous injections of pilocarpine, and published the case. Since that time he has continued to experiment with the drug. Of late he has used it with good results in those cases in which ergot is contraindicated from the fact that the os is not fully dilated. These experiments will soon be published.

It has long been the custom here to cut and tie the cord as soon as it is pulseless. Within a few months a set of experiments have been instituted in Professor Späth's wards which show that the child, the cord not being cut, gains on an average about seventy grammes in weight between the time it is born and the time when the placenta comes away, and that a large proportion of this gain takes place after the cord has stopped beating. In the light of these experiments the cord is not tied until the placenta has come away, in order that the child may get the benefit of as much blood as possible.

In clinical medicine Professor Bamberger has of late become very popular, and he certainly impresses one as a man of great learning and ability. In the most difficult cases he runs rapidly through the symptoms, pathology, and treatment, discussing the latest theories in point, and giving the possibilities, probabilities, and certainties in regard to the diagnosis in a mechanically logical way seldom heard in medicine. The autopsies show him to be remarkably accurate. There is a good private course in his wards under his assistant, where students are allowed to examine the cases, and oftentimes the case to be shown by Bamberger in the next morning's clinic. In this department the instructors seem to be especially advanced in the interpretation of the auscultation of the heart, Professor Bamberger having written an excellent book on that subject some years ago. Here we have met a disease new to us, and said to be recognized only in Vienna, namely, workers in mother-of-pearl often appear here with periostitis or valvular disease of the heart, or both together. At the autopsies of these cases pearl powder is found deposited on the periosteum and bone; also on the affected valves of the heart.

Dr. Oster gives a course on the stomach and intestines. Here we have seen startling results from the mechanical washing out of the stomach and the irrigation of the intestines. It is astonishing to see with how little effort or discomfort the patients without assistance swallow the rubber tube through which the water is introduced.

Dr. Monti gives a very popular course on children. In pathological anatomy Dr. Chiari, Professor Heschl's assistant, gives a very good course. Curious and rare specimens are constantly appearing out of the enormous mass daily exhibited. The results of operations are often instructive. Early in the winter, on exploring a wound of the neck, from which some glands had been removed, the carotid artery was found to have been nicked, the jugular vein to have been cut and tied, and the phrenic nerve tied. It is an interesting fact that this patient had experienced no special difficulty in breathing since the operation. Within a few weeks three cases have appeared, the re-

sults of extirpations of the uterus; in each case a ureter was cut, and in two of the cases the ureters were cut and tied.

Dr. Chiari has of late examined eight hundred rectums with reference to the pathology of anal fistulæ. He has noticed that Morgagni's glands, situated just inside the anus, where the mucous membrane begins to take on the characteristics of true skin, although very shallow in young individuals, are often quite deep and large in old people, and that this appearance is often increased by the columnæ Morgagnii, the parts between the glands being thickened by hæmorrhoidal veins. He has succeeded in obtaining a series of specimens which show these glands in a great variety of conditions and sizes, — some shallow, some quite deep, some very deep and extending through the sphincter ani. On the other hand, he has found mucous membrane lining parts of the tracts of complete fistulæ. His idea is that when the rectum is full of fæces and the sphincter contracts, these glands, as parts of less resistance, are slowly pushed out, dragging the mucous membrane behind; that once having pushed through the sphincter ani so that the fæcal matter cannot return to the bowel, the stagnating masses excite ulceration, and come gradually, though not always, directly to the surface. He thinks that the fact that the surgeon always looks for the opening of the fistula just inside the anus is a support to his theory. Whether this theory be accepted or not, perhaps the fact that some fistulous tracts are lined in part by mucous membrane will explain their obstinacy in healing, and suggest the inadequacy of treatment by simply cutting the outer wall. J. W. E.

SHORT COMMUNICATIONS.

CONSANGUINEOUS MARRIAGES.

Mr. Editor, — At a recent meeting of the New England Psychological Society the subject for discussion was Consanguineous Marriages, with Special Reference to Progeny. With a desire to obtain some original data for use at that meeting I corresponded with the members of the North Middlesex District Medical Society, asking (1) how many marriages of near relatives had come within their knowledge, and (2) how many of these had resulted in offspring of unsound mind.

In reply I received accounts of twenty-five such marriages, resulting in the birth of one hundred and seven children. Of these, ninety-two were sane, four insane, and eleven idiotic. Of the fifteen whose minds were unsound nine became so from known causes other than the consanguinity of parents. Only six, then, of the one hundred and seven children could have been made insane by the near relationship of their parents, and even in these cases there may have been other causes.

This I am aware is but a trivial contribution to this subject, but it tends to show that the danger of such marriages is often exaggerated. W. H. Lathrop.

Tewksbury, Mass., *April* 19, 1879.

CONTAGIA.

Mr. Editor, — Will Dr. Alexander R. Becker, through the pages of the Journal, kindly explain how it is that the "contagia," which he describes (page 673 of the Journal of the 15th inst.) as greedily consuming the enormous quantities of water taken, but for the most part not eliminated, by the fever patient, fail to add to the volume and weight of his body?

Very respectfully, Irving W. Smith,
Physician to Kiowa, Comanche, and Wichita Indian Agency.

Anadarko, Indian Territory, *May* 24, 1879.

IN-GROWN TOE NAIL.

MR. EDITOR, — In the issue of May 8, 1879, Dr. George W. Gay has an article upon The Treatment of In-Grown Toe Nail, in which he discusses Dr. Hunter's article in the *Philadelphia Times* upon the same subject, and then speaks of what is known in Boston as Dr. Cotting's operation, which I see by the foot-note was first published in the JOURNAL, January, 1873.

All I wish to say in regard to the matter is that I devised and performed the operation as described by Dr. Gay, either in the winter of 1853–4 or 1854–5, while a resident of Holliston, Mass., first upon the person of my brother, William M. McCluer, now of Minnesota, and a few days later upon a young man by the name of Whiting, son of Harrison Whiting, Holliston, Mass. I made the same operation a number of times upon soldiers during the late war, and many times since in this city, but did not publish the operation until November, 1877.[1]

I write not only to commend the operation as simple and efficient, and without the liability to return of disease, but also to make it apparent that the operation has been known and practiced in your locality for a much longer period than would appear from Dr. Gay's article.

BENJAMIN MCCLUER.

DUBUQUE, IOWA.

REPORTED MORTALITY FOR THE WEEK ENDING MAY 31, 1879.

Cities.	Population estimated for July, 1879.	Reported Deaths in each.	Annual Death-Rate per 1000 during the Week.	Percentage of total Deaths from: The Principal "Zymotic" Diseases.	Pneumonia.	Scarlet Fever.	Diphtheria and Croup.	Diarrhœal Diseases.
New York	1,085,000	445	21.39	18.43	7.19	6.97	3.37	2.69
Philadelphia	—	231	—	13.86	5.63	2.59	3.42	2.16
Brooklyn	564,400	186	17.18	16.13	8.06	3.23	7.53	2.15
Chicago	—	124	—	16.13	5.65	4.84	4.84	1.61
St. Louis	—	103	—	15.53	1.94	—	—	7.76
Baltimore	365,000	91	13.00	20.88	4.39	5.49	7.69	5.49
Boston	360,000	116	16.80	12.07	6.03	1.72	4.31	2.59
Cincinnati	—	95	—	24.21	7.37	14.74	1.05	4.21
District of Columbia	160,000	56	18.25	14.29	1.79	—	1.79	5.36
Cleveland	—	62	—	25.81	6.45	6.45	4.84	—
Pittsburgh	—	42	—	26.19	9.52	2.38	14.29	2.38
Buffalo	—	41	—	46.34	4.88	9.76	12.19	9.76
Milwaukee[1]	—	—	—	—	—	—	—	—
Providence	101,000	28	14.46	28.57	3.57	14.28	7.64	—
New Haven	60,000	13	11.30	7.69	7.69	—	—	—
Charleston	57,000	24	21.95	16.67	4.17	—	4.17	20.83
Nashville	27,000	9	17.38	22.22	—	—	—	11.11
Lowell	53,300	18	17.60	16.67	11.11	5.55	11.11	—
Worcester	52,500	17	16.88	29.41	5.88	—	17.69	—
Cambridge	51,400	16	16.22	—	6.25	—	—	—
Fall River	48,500	17	18.28	5.88	—	—	—	—
Lawrence	38,200	7	9.56	—	14.29	—	—	—
Lynn	34,000	18	27.61	27.78	11.11	16.67	—	—
Springfield	31,500	12	19.86	41.67	—	33.33	8.33	—
New Bedford	27,000	9	17.38	22.22	—	—	22.22	—
Salem	26,400	9	17.78	33.33	11.11	—	11.11	—
Somerville	23,350	6	13.40	16.67	—	—	—	16.67
Chelsea	20,800	4	10.03	25.00	—	—	25.00	—
Taunton	20,200	5	12.91	—	—	—	—	—
Holyoke	18,200	9	25.79	44.44	—	44.44	—	—
Gloucester	17,100	10	30.49	10.00	—	10.00	—	—
Newton	17,100	4	12.20	—	—	—	—	—
Haverhill	15,300	3	10.22	33.33	33.33	—	33.33	—
Newburyport	13,500	2	7.72	50.00	—	—	—	—
Fitchburg	12,500	2	8.34	—	—	—	—	—

[1] Not reported.

Eighteen hundred and thirty-four deaths are reported : 340 from the principal "zymotic" diseases, 321 from consumption, 110 from pneumonia, 96 from scarlet fever, 58 from diphtheria, 58 from diarrhœal diseases, 43 from bronchitis, 27 from typhoid fever, 27 from croup,

[1] Philadelphia Medical and Surgical Reporter, vol. xix., No. 27.

24 from whooping-cough, 20 from cerebro-spinal meningitis, 13 from measles, eight from malarial and remittent fevers, seven from erysipelas, one each from pleurisy and small-pox. Scarlet fever, diphtheria, and croup have varied a little each week for the past month, but without any great change. From cerebro-spinal meningitis there has been a progressively increasing mortality; from erysipelas decreasing. The deaths from measles are double the number for the previous week, but not so many as two weeks ago. In typhoid fever there is an increase over the previous two weeks, making the deaths nearly the same as three weeks ago. Whooping cough has been increasing for the past three weeks. The deaths from "zymotic" and chronic pulmonary diseases are more than for any other of the past four weeks; from acute pulmonary diseases less. The total mortality is somewhat more than for the previous week. From *bronchitis*, 18 deaths were reported in New York, nine in Brooklyn, four in Boston, two in Philadelphia, Chicago, and Fall River, one in Cincinnati, New Haven, Nashville, Cambridge, Salem, and Holyoke. From *typhoid fever*, seven in Philadelphia, five in Chicago, three in Boston, two in New York and Providence, one in St. Louis, Cincinnati, District of Columbia, Cleveland, Buffalo, New Haven, Nashville, and Fall River. From *whooping-cough*, eight in New York, three in Philadelphia, Brooklyn, St. Louis, and Cleveland, one in Baltimore, Boston, Cincinnati, and Newburyport. From *cerebro-spinal meningitis*, six in New York, three in Buffalo, two in Philadelphia, Cincinnati, Lynn, and Salem, one in Chicago, St. Louis, and Worcester. From *measles*, five in Cleveland, three in New York and Pittsburgh, one in District of Columbia and Worcester. From *erysipelas*, two in Buffalo, one in New York, Philadelphia, Brooklyn, St. Louis, and District of Columbia. From *malarial*, *remittent*, and *typho-malarial* fevers, three in New York, two in Brooklyn and St. Louis, one in District of Columbia. From *bilious fever*, one in Baltimore. From *small-pox*, one in New York.

The weather was generally reported fine, clear, unusually hot for the first part of the week, and on the lakes changeable, the meteorological record for the week in Boston (latitude 42° 21′, longitude 71° 4′) being as follows: —

Date.	Barometer.	Thermometer.			Relative Humidity.				Direction of Wind.			Velocity of Wind.			State of Weather.[1]			Rainfall.	
	Mean.	Mean.	Maximum.	Minimum.	7 A. M.	2 P. M.	9 P. M.	Mean.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.
May 25	29.791	60	73	47	48	45	56	50	NW	S	SW	6	6	4	F	F	C	—	—
" 26	30.040	54	61	48	61	12	35	36	NW	NW	NW	17	26	5	C	C	C	—	—
" 27	30.219	55	71	44	52	19	73	48	W	S	S	8	11	6	C	F	O	—	.01
" 28	30.089	62	69	49	90	56	55	67	N	SE	NW	4	7	8	O	C	S	—	—
" 29	30.152	67	75	57	63	48	46	52	W	SE	S	2	12	9	F	C	C	—	—
" 30	30.086	68	80	56	56	33	54	48	SW	SW	SW	10	18	12	F	C	F	—	—
" 31	29.968	78	93	62	89	43	69	67	SW	SW	SW	14	12	10	O	C	F	—	—
Week.	30.045	63	93	44				53	SW			1690 miles.						1.75	.01

[1] O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., smoky; R., rain; T., threatening.

For the week ending May 10th, in 149 German cities and towns, with an estimated population of 7,573,964, the death-rate was 28.3, an increase of 1.2 from the previous week. Pulmonary diseases, typhus fever, and relapsing fever were somewhat more prevalent; diphtheria, whooping-cough, and diarrhœal diseases were very fatal; measles, scarlet fever, and typhoid fever had diminished in fatality. Four thousand one hundred and fifteen deaths were reported: 643 from pulmonary consumption, 514 from acute diseases of the respiratory organs, 217 from diarrhœal diseases, 140 from diphtheria and croup, 55 from whooping-cough, 48 from typhoid fever, 46 from scarlet fever, 33 from measles, 25 from puerperal fever, 10 from typhus fever, two from small-pox (Ratibor and Cologne), one from hydrophobia (Posen). The death-rates ranged from 15.6 in Carlsruhe to 42.7 in Posen. Königsberg 28.9; Dantzic 27.6; Breslau 34.1; Munich, 42.3; Dresden 23.0; Cassel 25.7; Berlin 26.2; Leipsic 23.6; Hamburg 30.1; Hanover 24.4; Bremen 19.6; Cologne 31.9; Frankfort-on-the-Main 31.8; Strasburg 29.8; Darmstadt 17.9. Also for the same week the rates were for Vienna 33.1; Prague 47.0; Geneva 36.7; Basel 34.1; Paris 29.4; Christiania 16.1.

For the week ending May 17th, in the 20 English cities and towns having an estimated population of 7,383,999, the death-rate was 22.4, the same as for the previous week; the mortality from pulmonary diseases, measles, and whooping cough continued to decline; there was some increase in fever, diphtheria, and scarlet fever, not great. Three thousand one hundred and seventy-four deaths were reported: 355 from diseases of the respiratory organs, 106 from whooping-cough, 85 from scarlet fever, 72 from measles, 43 from fever, 29 from diarrhœa, 17 from diphtheria, six from small-pox (in London). The death-rates ranged from 15 in Portsmouth to 26.3 in Newcastle-upon-Tyne; 21.1 London; 15.8 Brighton; 22.9 Bristol; 21.5 Birmingham; 23.3 Liverpool; 26.2 Manchester. In Edinburgh the death-rate was 19, in Glasgow 22, in Dublin 33 (small-pox about the same).

Fevers are less fatal in Turkey and Russia. Several of the governments of Europe have removed all restrictions upon trade with the places in Europe where the plague prevailed or was suspected of possible occurrence.

The following extract of an act of Congress approved June 2, 1879, entitled An Act to Prevent the Introduction of Contagious or Infectious Diseases into the United States, is hereby published for the information of all concerned: —

"Sec. 9. So much of the Act entitled An Act to Prevent the Introduction of Contagious or Infectious Diseases into the United States, approved April 29, 1878, as requires consular officers or other representatives of the United States at foreign ports to report the sanitary condition of and the departure of vessels from such ports to the supervising surgeon-general of the marine hospital service; and so much of said act as requires the surgeon-general of the marine hospital service to frame rules and regulations, and to execute said act, and to give notice to federal and state officers of the approach of infected vessels, and furnish said officers with weekly abstracts of consular sanitary reports, and all other acts and parts of acts inconsistent with the provisions of this act, be, and the same are hereby, repealed." By direction of the secretary of the treasurery, J. B. Hamilton,

Surgeon-General United States Marine Hospital Service.

The American Neurological Association will hold its fifth annual meeting in New York city on Wednesday, June 18th, which will continue three days.

Books and Pamphlets Received. — Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum, their Diagnosis and Treatment. By William Allingham. Third edition, partly rewritten. Philadelphia: Lindsay and Blakiston. 1879.

Dr. G. Beck's Therapeutischer Almanach. Bern. 1879.

A Compendium of the Principles and Practice of Medicine. For the Use of Students and Practitioners. By Stephen H. Potter, M. D. Second Edition. Hamilton, Ohio. 1879.

Annual Address on the Relation of Neurasthenia to Diseases of the Womb. By William Goodell, M. A., M. D. Philadelphia, Pa. Reprint from Vol. III. Gynæcological Transactions. 1879.

Transactions of the American Gynæcological Society. Vol. III., for the Year 1878. Boston: Houghton, Osgood & Co. The Riverside Press, Cambridge. 1879.

Lectures on Electricity in its Relations to Medicine and Surgery. By A. D. Rockwell, A. M., M. D. New York: William Wood & Co. 1879.

Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities. By Carl Seiler, M. D. With Thirty-Five Illustrations. Philadelphia: Henry C. Lea. 1879.

The Channing Home. Report No. 11. 1879.

Thirty-Third Annual Announcement of Starling Medical College, Columbus, Ohio.

Inhalations in the Treatment of Pulmonary Diseases. By F. H. Davis, M. D. Chicago, Ill. 1879.

Photographic Illustrations of Skin Diseases. By George Henry Fox, A. M., M. D. Forty-Eight Colored Plates taken from Life. Parts 1 and 2. New York: E. B. Treat. (From Shumway & Co., 21 Bromfield Street, Boston.)